

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Paul

2. Surname (Last Name)  
Courtney

3. Date  
11-April-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
A terrible quartet injury of the elbow: A terrible triad variant with a capitellar shear fracture

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Courtney has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Samir

2. Surname (Last Name)

Mehta

3. Date

11-April-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

P. Maxwell Courtney MD

5. Manuscript Title

A terrible quartet injury of the elbow: A terrible triad variant with a capitellar shear fracture

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Mehta has nothing to disclose.

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1. Given Name (First Name)

Roshan

2. Surname (Last Name)

Shah

3. Date

11-April-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

P. Maxwell Courtney MD

5. Manuscript Title

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Dr. Shah has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Derek	2. Surname (Last Name) Donegan	3. Date 11-April-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name P. Maxwell Courtney MD
5. Manuscript Title A terrible quartet injury of the elbow: A terrible triad variant with a capitellar shear fracture		
6. Manuscript Identifying Number (if you know it)  		

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