

## 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)  
Edgar

2. Surname (Last Name)  
Araiza

3. Date  
01-June-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Tyler Fox

5. Manuscript Title  
Case report: Third ray and capitate resection with limited midcarpal fusion for recurrent giant cell tumor

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. Araiza 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)

Kimberly

2. Surname (Last Name)

Templeton

3. Date

08-June-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Tyler Fox

5. Manuscript Title

Case report: Third ray and capitate resection with limited midcarpal fusion for recurrent giant cell tumor

6. Manuscript Identifying Number (if you know it)

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Dr. Templeton has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Bokemper	3. Date 01-June-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tyler Fox
5. Manuscript Title Case report: Third ray and capitate resection with limited midcarpal fusion for recurrent giant cell tumor		
6. Manuscript Identifying Number (if you know it) 		

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Tyler

2. Surname (Last Name)  
Fox

3. Date  
12-June-2017

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

5. Manuscript Title  
Case report: Third ray and capitate resection with limited midcarpal fusion for recurrent giant cell tumor

6. Manuscript Identifying Number (if you know it)

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