

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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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Hassan

2. Surname (Last Name)

Azimi

3. Date

14-May-2015

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Scaphoid and Lunate Dislocation With Complete Soft Tissue Avulsion

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☒ No

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Section 6. Disclosure Statement

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Dr. Azimi 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) Kevin	2. Surname (Last Name) Phan	3. Date 18-May-2015
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Hassan J Azimi
5. Manuscript Title Scaphoid and lunate dislocation with complete soft tissue avulsion		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
Orrin

2. Surname (Last Name)
Franko

3. Date
19-May-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Hassan J Azimi

5. Manuscript Title
Scaphoid and lunate dislocation with complete soft tissue avulsion

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Reid	2. Surname (Last Name) Abrams	3. Date 19-May-2015
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Conventus	☐	☒	☐	☐	
TriMed	☐	☒	☐	☐	

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Dr Abrams reviews on the editorial staff for The Journal of Hand Surgery.

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