

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Zachary

2. Surname (Last Name)

Lum

3. Date

15-January-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Masquelet Technique for Traumatic Thumb Metacarpal Reconstruction: A Case Report

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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Dr. Lum 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)  
Kathryn

2. Surname (Last Name)  
Huff

3. Date  
17-January-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Zachary C. Lum, DO

5. Manuscript Title  
Metacarpal Thumb Reconstruction with Masquelet

6. Manuscript Identifying Number (if you know it)

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

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Dr. Huff 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) Mohamed	2. Surname (Last Name) Ibrahim	3. Date 20-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zachary C. Lum
5. Manuscript Title Masquelet Technique for Traumatic Thumb Metacarpal Reconstruction: A Case Report		
6. Manuscript Identifying Number (if you know it) 		

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

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1. Given Name (First Name)  
Lily

2. Surname (Last Name)  
Lum

3. Date  
20-January-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Zachary C. Lum

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