

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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)
Robyn

2. Surname (Last Name)
Chalupa

3. Date
16-December-2017

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

5. Manuscript Title
Post-traumatic elbow stiffness treatment and outcomes in patients wounded during Operations Enduring Freedom and Iraqi Freedom

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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Dr. Chalupa 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)
Chad

2. Surname (Last Name)
Cole

3. Date
07-March-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Robyn L Chalupa

5. Manuscript Title

Post-traumatic elbow stiffness treatment and outcomes in patients wounded during Operations Enduring Freedom and Iraqi Freedom

6. Manuscript Identifying Number (if you know it)

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Dr. Cole 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) Thomas	2. Surname (Last Name) Dowd	3. Date 13-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robyn L Chalupa
5. Manuscript Title Post-traumatic elbow stiffness treatment and outcomes in patients wounded during Operations Enduring Freedom and Iraqi Freedom		
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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Dowd 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)
Travis

2. Surname (Last Name)
Burns

3. Date
14-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Robyn L Chalupa

5. Manuscript Title
Post-traumatic elbow stiffness treatment and outcomes in patients wounded during Operations Enduring Freedom and Iraqi Freedom

6. Manuscript Identifying Number (if you know it)

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Dr. Burns 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)
Daniel

2. Surname (Last Name)
Stinner

3. Date
06-March-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Robyn L Chalupa

5. Manuscript Title

Post-traumatic elbow stiffness treatment and outcomes in patients wounded during Operations Enduring Freedom and Iraqi Freedom

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