

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)

Amy

2. Surname (Last Name)

Cizik

3. Date

09-August-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jeremy Somerson

5. Manuscript Title

COMPLICATIONS AND OUTCOMES AFTER MEDIAL ULNAR COLLATERAL LIGAMENT RECONSTRUCTION: A META-REGRESSION AND SYSTEMATIC REVIEW

6. Manuscript Identifying Number (if you know it)

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☒ No

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Dr. Cizik has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Albert

2. Surname (Last Name)

Gee

3. Date

09-August-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Jeremy Somerson

5. Manuscript Title

COMPLICATIONS AND OUTCOMES AFTER MEDIAL ULNAR COLLATERAL LIGAMENT RECONSTRUCTION: A META-REGRESSION AND SYSTEMATIC REVIEW

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Dr. Gee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jeremy

2. Surname (Last Name)
Somerson

3. Date
09-August-2017

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

5. Manuscript Title
COMPLICATIONS AND OUTCOMES AFTER MEDIAL ULNAR COLLATERAL LIGAMENT RECONSTRUCTION: A META-REGRESSION AND SYSTEMATIC REVIEW

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1. Given Name (First Name)

Moni Blazej

2. Surname (Last Name)

Neradilek

3. Date

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Complications and outcomes after medial ulnar collateral ligament reconstruction: a meta-regression and systematic review

6. Manuscript Identifying Number (if you know it)

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Moni Neradilek has nothing to disclose.

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Jack

2. Surname (Last Name)

Petersen

3. Date

09-August-2017

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Jeremy Somerson

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Mr. Petersen has nothing to disclose.

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