ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name): Aouod
2. Surname (Last Name): Agenor
3. Date: 06-November-2020

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Distal Biceps Tendon Tear: Diagnosis and Treatment Algorithm

6. Manuscript Identifying Number (if you know it): REVIEWS-D-20-00151

Section 2. The Work Under Consideration for Publication

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Dr. Agenor has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Amr
2. Surname (Last Name): Elmaraghy
3. Date: 06-November-2020

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Distal Biceps Tendon Tear: Diagnosis and Treatment Algorithm

6. Manuscript Identifying Number (if you know it): REVIEWS-D-20-00151

Section 2. The Work Under Consideration for Publication

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Dr. Elmaraghy has nothing to disclose.

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1. Given Name (First Name): Waleed
2. Surname (Last Name): Albishi
3. Date: 06-November-2020

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Distal Biceps Tendon Tear: Diagnosis and Treatment Algorithm

6. Manuscript Identifying Number (if you know it): REVIEWS-D-20-00151

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Section 1. Identifying Information

1. Given Name (First Name): Jason
2. Surname (Last Name): Lam
3. Date: 06-November-2020

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

Corresponding Author's Name: Aouod Agenor

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