

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Chantal

2. Surname (Last Name)  
Welsink

3. Date  
26-February-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Meijering

5. Manuscript Title  
Triceps insufficiency after total elbow arthroplasty: a systematic review.

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

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Welsink 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) denise	2. Surname (Last Name) eygendaal	3. Date 23-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name meijering
5. Manuscript Title triceps insufficiency following total elbow arthroplasty: a systematic review		
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

### Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
zimmer biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	institutional research grant
stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	institutional research grant
lima	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. denise reports grants from zimmer biomet, grants from stryker, other from lima, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Martin	2. Surname (Last Name) Stevens	3. Date 12-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Danielle Meijering
5. Manuscript Title Triceps insufficiency after total elbow arthroplasty: a systematic review		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-20-00281		

### 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. Stevens 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) Michel	2. Surname (Last Name) van den Bekerom	3. Date 19-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Danielle Meijering
5. Manuscript Title Triceps insufficiency after total elbow arthroplasty: a systematic review.		
6. Manuscript Identifying Number (if you know it) 		

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Dr. van den Bekerom has nothing to disclose.

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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

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### Section 1. Identifying Information

1. Given Name (First Name)

Sjoerd

2. Surname (Last Name)

Bulstra

3. Date

03-March-2021

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

D Meijering

5. Manuscript Title

Triceps insufficiency after total elbow arthroplasty: a systematic review

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

### Section 3. Relevant financial activities outside the submitted work.

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

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Bulstra has nothing to disclose.

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1. Given Name (First Name)

ALEXANDER

2. Surname (Last Name)

BOERBOOM

3. Date

24<sup>th</sup> FEB 2021

4. Are you the corresponding author?

☐ Yes☒ No

5. Manuscript Title

TRICEPS INSUFFICIENCY AFTER TOTAL ELBOW ARTHROPLASTY:  
A SYSTEMATIC REVIEW

6. Manuscript Identifying Number (if you know it)

REVIEWS-D-20-00281

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Are there any relevant conflicts of interest?

☐ Yes☒ No

### Section 3.

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MR. BOERBOOM HAS NOTHING TO DISCLOSE.

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### Section 1. Identifying Information

1. Given Name (First Name)

Danielle

2. Surname (Last Name)

Meijering

3. Date

24-02-2021

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

Reviews-d-20-00281

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