Date:_December 12, 2021
Your Name:_Michelle A. James
Manuscript Title: Clinical Manifestations of Constriction Band Syndrome
Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	_xNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	

4	Consulting fees	xNone	
5	Payment or honoraria for	xNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
	,		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	Deputy Editor, Journal of Bone and Joint Surgery
	financial interests		

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:December 12, 2021				
Your Name:	_Leah Demetri			
Manuscript Title:_	Clnical Manife	stations of Constriction Band Syndrome		
Manuscript number	er (if known):	JBJS-D-21-01286R1		

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	University of San Francisco, California James O. Johnston Resident Research Grant	Funding from our institution's orthopedics department to be spent on this project
	processing charges, etc.)  No time limit for this item.	Stryker/J. Robert Gladden Orthopaedic Society Resident Research Grant.	Payment made to UCSF for spending on this project
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	

3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	
_			
5	Payment or honoraria for lectures, presentations,	_xNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	University of California San Francisco Resident Education Fund	Paid to me to reimburse travel and meeting expenses for presenting an abstract at AAHS annual meeting and meeting expenses for attending AHHS.
		Eddedion Fand	meeting expenses for determing 74 mis.
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	_xNone	
	Advisory Board		
	·		
10	Leadership or fiduciary role in other board, society,	xNone	
	committee or advocacy		
	,		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:12/12/21	
_	
Your Name:Anne Starcevich	
Manuscript Title:Characterization of Limb Involvement in Constriction Band	
Syndrome	
Manuscript number (if known): JBJS-D-21-	
0128681	

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time from	26
2	Consider the contract of the con-	Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
	testimony		
-	C	N.	
7	Support for attending meetings and/or travel	None	
	J ,		
8	Patents planned, issued or	None	
0	pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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Date	:12/14/2021		
	Name:Mary Claire		
	uscript Title: C uscript number (if known):		Involvement in Constriction Band Syndrome
relat parti to tra	ed to the content of your r es whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply tuscript only.	o the author's relationship	os/activities/interests as they relate to the current
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup ime frame for disclosure is	•	d in this manuscript without time limit. For all other items
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
.		Time frame: Since the initia	l planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	
	processing charges, etc.)  No time limit for this item.		
2	Grants or contracts from	Time frame: pas	t 36 months
	any entity (if not indicated in item #1 above).	None	
2	Povalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	0 ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	Auvisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
		<u></u>	

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