

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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) Moore	3. Date 06-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hollie Power
5. Manuscript Title Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00554		

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Dr. Moore 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)
Ketan

2. Surname (Last Name)
Sharma

3. Date
06-September-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hollie Power

5. Manuscript Title
Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00554

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Dr. Sharma has nothing to disclose.

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1. Given Name (First Name) Madi	2. Surname (Last Name) El Haj	3. Date 06-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hollie Power
5. Manuscript Title Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome		
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Section 1. Identifying Information

1. Given Name (First Name)
Hollie

2. Surname (Last Name)
Power

3. Date
06-September-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Susan	2. Surname (Last Name) Mackinnon	3. Date 06-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hollie Power
5. Manuscript Title Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00554		

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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Are there 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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Section 6. Disclosure Statement

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Dr. Mackinnon has nothing to disclose.

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