ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Malka
2. Surname (Last Name)  Forman
3. Date  27-April-2020
4. Are you the corresponding author?  ☑ Yes  ☐ No
5. Manuscript Title  Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry
6. Manuscript Identifying Number (if you know it)  JBJS-D-20-00281R1

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.)?  ☑ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

<table>
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<td>Tufts University School of Medicine</td>
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<td>☐</td>
<td>☐</td>
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<td>Harold Williams Summer Research Fellowship</td>
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</tbody>
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Section 6. Disclosure Statement

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Ms. Forman reports grants from Tufts University School of Medicine, during the conduct of the study.

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) Donald
2. Surname (Last Name) Bae
3. Date 18-April-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Andrea Bauer

5. Manuscript Title
   Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry

6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-00281R1

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Dr. Bae 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) Andrea
2. Surname (Last Name) Bauer
3. Date 15-April-2020
4. Are you the corresponding author? ☑ Yes  ☐ No
5. Manuscript Title
Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry
6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00281R1

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Bauer reports other from Springer, outside the submitted work; and Editorial Board member for Techniques in Hand and Upper Extremity Surgery, associate editor for Journal of Hand Surgery.

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Section 1. Identifying Information

1. Given Name (First Name) Deborah
2. Surname (Last Name) Bohn
3. Date 16-April-2020

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Andrea S Bauer

5. Manuscript Title
   Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry

6. Manuscript Identifying Number (if you know it)
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Maria Fernanda

2. **Surname (Last Name)**
   Canizares

3. **Date**
   16-April-2020

4. **Are you the corresponding author?**
   ☑ No

5. **Manuscript Title**
   Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry

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Are there any relevant conflicts of interest?  ☑ Yes  ☑ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Charles

2. Surname (Last Name)  
Goldfarb

3. Date  
17-April-2020

4. Are you the corresponding author?  
☑ Yes

Corresponding Author’s Name  
Andrea Bauer

5. Manuscript Title  
Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-00281R1

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?  
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Are there any relevant conflicts of interest?  
☑ Yes  

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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Dr. Goldfarb 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)  
Michelle

2. Surname (Last Name)  
James

3. Date  
15-April-2020

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

Corresponding Author’s Name  
Andrea S. Bauer

5. Manuscript Title  
Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update...

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-0028R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
[ ] Yes  ✔ No

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Are there any relevant conflicts of interest?  
[ ] Yes  ✔ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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Dr. James reports other from Shriners Hospitals for Children, other from Journal of Bone and Joint Surgery, 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) Patricia E.
2. Surname (Last Name) Miller
3. Date 18-April-2020
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry
6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00281R1

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Ms. Miller has nothing to disclose.

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<tr>
<td>Julie</td>
<td>Samora</td>
<td>15-April-2020</td>
</tr>
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</table>

4. Are you the corresponding author?  
   - Yes  
   - No ✔

5. Manuscript Title  
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   - No ✔

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Samora has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Suzanne
2. Surname (Last Name) Steinman
3. Date 16-April-2020
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name
   Dr. Andrea S. Bauer
5. Manuscript Title
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Dr. Steinman has nothing to disclose.

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   - This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.
5. Relationships not covered above.
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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)**
   - Lindley

2. **Surname (Last Name)**
   - Wall

3. **Date**
   - 17-April-2020

4. **Are you the corresponding author?**
   - [ ] Yes
   - ✔ No

   **Corresponding Author’s Name**
   - Dr. Andrea Bauer

5. **Manuscript Title**
   - Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-20-00281R1

## 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.)?

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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.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wall has nothing to disclose.

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