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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Constantinos

2. Surname (Last Name)  
   Ketonis

3. Date  
   25-February-2020

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

5. Manuscript Title  
   Development of a Murine Model of Pyogenic Flexor Tenosynovitis

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

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.

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<td>University of Rochester</td>
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<td>Pilot Grant from P30 AR069655</td>
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ketonis has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alayna

2. Surname (Last Name)  
   Loiselle

3. Date  
   25-February-2020

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

   Corresponding Author’s Name  
   Constantinos Ketonis, MD, PhD

5. Manuscript Title  
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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   [x] No
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Dr. Loiselle has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Bowen
2. Surname (Last Name)    Qiu
3. Date                    25-February-2020
4. Are you the corresponding author? [ ] Yes [✔] No
   Corresponding Author’s Name
   Constantinos Ketonis, MD, PhD
5. Manuscript Title
   Development of a Murine Model of Pyogenic Flexor Tenosynovitis
6. Manuscript Identifying Number (if you know it)

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Justin

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

3. **Date**
   - 25-February-2020

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

   **Corresponding Author’s Name**
   - Constantinos Ketonis, MD, PhD

5. **Manuscript Title**
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Mr. Cobb has nothing to disclose.

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