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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   R. Frank

2. Surname (Last Name)  
   Henn III

3. Date  
   06-March-2021

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

5. Manuscript Title  
   Press Ganey Surveys in Patients Undergoing Upper Extremity Procedures: Response Rate and Evidence of Nonresponse Bias

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-01467

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>☐</td>
<td>☐</td>
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<td>Research support</td>
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Are there any relevant conflicts of interest?  
   ✔ Yes   ☐ No

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**Section 6. Disclosure Statement**

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Dr. Henn III reports grants from The James Lawrence Kernan Hospital Endowment Fund, Incorporated, during the conduct of the study; other from Arthrex, Inc, outside the submitted work.

**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) Tristan
2. Surname (Last Name) Weir
3. Date 08-October-2020

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
R. Frank Henn, III

5. Manuscript Title
Press Ganey Surveys in Patients Undergoing Upper Extremity Procedures: Response Rate and Evidence of Nonresponse Bias

6. Manuscript Identifying Number (if you know it)

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Dr. Weir has nothing to disclose.

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Zhang
Section 1. Identifying Information

1. Given Name (First Name)  
   Tina

2. Surname (Last Name)  
   Zhang

3. Date  
   08-October-2020

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

   Corresponding Author’s Name  
   R. Frank Henn, III

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Julio

2. Surname (Last Name)  
   Jauregui

3. Date  
   08-October-2020

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

   Corresponding Author’s Name  
   R. Frank Henn, III

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<td>Aneizi</td>
<td>08-October-2020</td>
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Corresponding Author’s Name
R. Frank Henn, III

5. Manuscript Title
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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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Dr. Aneizi 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) Matheus
2. Surname (Last Name) Schneider
3. Date 08-October-2020
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name
   R. Frank Henn, III
5. Manuscript Title
   Press Ganey Surveys in Patients Undergoing Upper Extremity Procedures: Response Rate and Evidence of Nonresponse Bias
6. Manuscript Identifying Number (if you know it)

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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 ☐ No
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Mr. Schneider has nothing to disclose.

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<td>Patrick</td>
<td>Sajak</td>
<td>08-October-2020</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - ☑ No  

Corresponding Author’s Name  
R. Frank Henn, III

5. Manuscript Title  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

Mr. Sajak 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)  Mohit
2. Surname (Last Name)  Gilotra
3. Date  08-October-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Press Ganey Surveys in Patients Undergoing Upper Extremity Procedures: Response Rate and Evidence of Nonresponse Bias

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Dr. Gilotra reports other from Orthofix, 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)  
   Joshua

2. Surname (Last Name)  
   Abzug

3. Date  
   08-October-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   R. Frank Henn, III

5. Manuscript Title  
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Dr. Abzug reports other from Axogen, other from Elsevier, other from Springer, 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)  Ngozi
2. Surname (Last Name)  Akabudike
3. Date  08-October-2020
4. Are you the corresponding author?  Yes ✔ No
5. Manuscript Title
Press Ganey Surveys in Patients Undergoing Upper Extremity Procedures: Response Rate and Evidence of Nonresponse Bias
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Akabudike
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