

## ICMJE DISCLOSURE FORM

Date: 12.2.2021

Your Name: Charlotte Berry

Manuscript Title: The Effects of TSOL knot on Different Repair Techniques of Flexor Tendon Repair

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <u>  </u> <input checked="" type="checkbox"/> <u>  </u> None                                 |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>  </u> <input checked="" type="checkbox"/> <u>  </u> None                                 |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>  </u> <input checked="" type="checkbox"/> <u>  </u> None                                 |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>  </u> <input checked="" type="checkbox"/> <u>  </u> None                                 |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

Date: 12.2.2021

Your Name: Steven L. Moran, M.D.

Manuscript Title: The Effects of TSOL knot on Different Repair Techniques of Flexor Tendon Repair

Manuscript number (if known): \_\_\_\_\_

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

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ December 6, 2021 \_\_\_\_\_  
 Your Name: Lorenzo Mazzucchelli  
 Manuscript Title: The Effects of TSOL knot on Different Repair Techniques of Flexor Tendon Repair  
 Manuscript number (if known): \_\_\_\_\_

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| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | ___ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | ___ None   |   |
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| 4   | Consulting fees  | ___ None   |   |
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| 6  | Payment for expert testimony   | ___ None |  |
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| 7  | Support for attending meetings and/or travel   | ___ None |  |
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| 8  | Patents planned, issued or pending   | ___ None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | ___ None |  |
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| 11 | Stock or stock options   | ___ None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ___ None |  |
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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ December 6, 2021 \_\_\_\_\_  
 Your Name: Ramona Reisdorf  
 Manuscript Title: The Effects of TSOL knot on Different Repair Techniques of Flexor Tendon Repair  
 Manuscript number (if known): \_\_\_\_\_

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| 11 | Stock or stock options   | ___ None |  |
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  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

Date: 12/6/2021  
 Your Name: Chunfeng Zhao  
 Manuscript Title: The Effects of TSOL knot on Different Repair Techniques of Flexor Tendon Repair  
 Manuscript number (if known): \_\_\_\_\_

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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | This study was supported by grants from NIH NIAMS AR57745 and AR76339.                       |   |
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| 4   | Consulting fees  | ___ None   |   |

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| 6  | Payment for expert testimony   | <u>    </u> None |  |
| 7  | Support for attending meetings and/or travel   | <u>    </u> None |  |
| 8  | Patents planned, issued or pending   | <u>    </u> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <u>    </u> None |  |
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| 11 | Stock or stock options   | <u>    </u> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <u>    </u> None |  |
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