

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)
Alvin

2. Surname (Last Name)
Chan

3. Date
05-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Igor Immerman, MD

5. Manuscript Title
Flexor Tendon Rupture after Distal Radius Malunion Associated with EMG Abnormalities

6. Manuscript Identifying Number (if you know it)

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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Section 6. Disclosure Statement

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Mr. Chan has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Gopal

2. Surname (Last Name)

Lalchandani

3. Date

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Igor Immerman, MD

5. Manuscript Title

Flexor Tendon Rupture after Distal Radius Malunion Associated with EMG Abnormalities

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Dr. Lalchandani has nothing to disclose.

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1. Given Name (First Name)
Igor

2. Surname (Last Name)
Immerman

3. Date
06-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Flexor Tendon Rupture after Distal Radius Malunion Associated with EMG Abnormalities

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Masato

2. Surname (Last Name)
Nagao

3. Date
18-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Igor Immerman, MD

5. Manuscript Title
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