

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nicholas

2. Surname (Last Name)
Golinvaux

3. Date
09-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Donald H. Lee

5. Manuscript Title
Fingertip Injury and Management

6. Manuscript Identifying Number (if you know it)
ST-D-19-00008

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Dr. Golinvax has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Hovis

3. Date
09-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Donald H. Lee

5. Manuscript Title
Fingertip Injury and Management

6. Manuscript Identifying Number (if you know it)
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Dr. Hovis has nothing to disclose.

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1. Given Name (First Name)
Donald

2. Surname (Last Name)
Lee

3. Date
09-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Fingertip Injury and Management

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1. Given Name (First Name) Jed	2. Surname (Last Name) Maslow	3. Date 09-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Donald H. Lee
5. Manuscript Title Fingertip Injury and Management		
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