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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Royalties: Funds are coming in to you or your institution due to your patent

Schickendantz
Section 1. Identifying Information

1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Schickendantz

3. Date  
   07-April-2014

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
   Elbow Injuries in The Throwing Athlete

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Schickendantz reports other from AOSSM; The physician and sports medicine; AMerican Journal of Sports Medicine, personal fees from Stryker, Arthrex, personal fees from null, 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)  
   Thomas Sean

2. Surname (Last Name)  
   Lynch

3. Date  
   07-April-2014

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

   Corresponding Author’s Name  
   Mark Schickendantz

5. Manuscript Title  
   Elbow Injuries in The Throwing Athlete

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lynch has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Stephen  
2. Surname (Last Name)  
   Gryzlo  
3. Date  
   07-April-2014  
4. Are you the corresponding author?  
   Yes  ✔  No  
   Corresponding Author's Name  
   Mark Schickendantz  
5. Manuscript Title  
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Dr. Gryzlo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Ronak
2. Surname (Last Name)  Patel
3. Date  07-April-2014
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Mark Schickendantz

5. Manuscript Title
Elbow Injuries in The Throwing Athlete

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<tr>
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<td>Corresponding Author’s Name</td>
<td>Mark Schickendantz</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td></td>
<td>Elbow Injuries in The Throwing Athlete</td>
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Dr. Amin has nothing to disclose.

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