

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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)

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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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AOSSM; The physician and sports medicine; American Journal of Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Membership
Stryker, Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STock - Trazer HRA

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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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; .

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)

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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Dr. Lynch has nothing to disclose.

Evaluation and Feedback

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark Schickendantz
5. Manuscript Title Elbow Injuries in The Throwing Athlete		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Nirav	2. Surname (Last Name) Amin	3. Date 07-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark Schickendantz
5. Manuscript Title Elbow Injuries in The Throwing Athlete		
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