

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name) Alexander	2. Surname (Last Name) Dawes	3. Date 15-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric Wagner
5. Manuscript Title Management of Proximal Pole Scaphoid Nonunions: A Critical Analysis Review		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? Yes No

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Mr. Dawes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Charles	2. Surname (Last Name) Daly	3. Date 15-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric Wagner
5. Manuscript Title Management of Proximal Pole Scaphoid Nonunions: A Critical Analysis Review		
6. Manuscript Identifying Number (if you know it) _____		

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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

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Dr. Daly has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Corey	2. Surname (Last Name) Spencer	3. Date 15-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric Wagner
5. Manuscript Title Management of Proximal Pole Scaphoid Nonunions: A Critical Analysis Review		
6. Manuscript Identifying Number (if you know it)		

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Mr. Spencer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Wagner

3. Date
15-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Management of Proximal Pole Scaphoid Nonunions: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

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