

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.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Pending: The patent has been filed but not issued

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Jay	Moran	17-June-2023
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Low Rates of Postoperative Complications and Revision Surgery After Primary Medial Ulnar Collateral Ligament Repair in 313 Patients with Minimum 2-Year Follow-Up		
6. Manuscript Identifying Number (if you know it)		

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Moran has nothing to disclose.

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Alexander	Kammien	17-June-2023
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
		Jay Moran
5. Manuscript Title	Low Rates of Postoperative Complications and Revision Surgery After Primary Medial Ulnar Collateral Ligament Repair in 313 Patients with Minimum 2-Year Follow-Up	
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Dr. Kammien has nothing to disclose.

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Ryan	Cheng	17-June-2023
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
		Jay Moran
5. Manuscript Title	Low Rates of Postoperative Complications and Revision Surgery After Primary Medial Ulnar Collateral Ligament Repair in 313 Patients with Minimum 2-Year Follow-Up	
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Dr. Cheng has nothing to disclose.

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Estavao	Santos	17-June-2023
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
		Jay Moran
5. Manuscript Title	Low Rates of Postoperative Complications and Revision Surgery After Primary Medial Ulnar Collateral Ligament Repair in 313 Patients with Minimum 2-Year Follow-Up	
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Dr. Santos has nothing to disclose.

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Maxwell	Modrak	18-June-2023
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
		Jay Moran
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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kyle	2. Surname (Last Name) Kunze	3. Date 18-June-2023
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jay Moran
5. Manuscript Title Low Rates of Postoperative Complications and Revision Surgery After Primary Medial Ulnar Collateral Ligament Repair in 313 Patients with Minimum 2-Year Follow-Up		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

ADD

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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Generate Disclosure Statement

Dr. Kunze has nothing to disclose.

Evaluation and Feedback

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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	
Mid-Atlantic Surgical Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Education payments	X

ADD

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. Vaswani reports other from Mid-Atlantic Surgical Systems , outside the submitted work ;

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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	
Medwest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Education payments	X

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Jimenez reports other from Medwest, outside the submitted work; .

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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	
Gotham Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Education payments	X
DePuy/Medical Device Business Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees	X
Exactech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees; royalties	X
ZimmerBiomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees	X
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking fees	X

ADD

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Generate Disclosure Statement

Dr. Gulotta reports other from Gotham Surgical, personal fees from DePuy/Medical Device Business Services, personal fees and other from Exactech, personal fees from ZimmerBiomet, personal fees from Smith & Nephew, outside the submitted work; .

Evaluation and Feedback

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Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees; royalties	X
Merck Sharp and Dohme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees	X
Trice Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fees	X
Linvatec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties	X

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Dr. Dines reports personal fees and other from Arthrex, personal fees from Merck Sharp and Dohme, personal fees from Trice Medical, other from Linvatec , outside the submitted work ;

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Are there any relevant conflicts of interest? Yes No

ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees' royalties
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ADD

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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Generate Disclosure Statement

Dr. Altchek reports personal fees and other from Stryker, other from Arthrex, outside the submitted work; .

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