

Instructions

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4. Intellectual Property.

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Moran 1



Section 1. Identifying Inform	mation	
identifying infor	nation	
1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Jay	Moran	17-June-2023
4. Are you the corresponding author?	✓ Yes No	
Manuscript Title Low Rates of Postoperative Complicati Patients with Minimum 2-Year Follow- Manuscript Identifying Number (if you k	.Up	Medial Ulnar Collateral Ligament Repair in 313
, , , ,		
Section 2. The Work Under C	Consideration for Publication	
	g but not limited to grants, data monitoring	(government, commercial, private foundation, etc.) for g board, study design, manuscript preparation,
The there any relevant commets of inter-	est. Tes VIII	ADD
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Section 3. Relevant financial	l activities outside the submitted v	work.
of compensation) with entities as desc	ribed in the instructions. Use one line fo eport relationships that were present d	ave financial relationships (regardless of amount or each entity; add as many lines as you need by uring the 36 months prior to publication.
		ADD
Section 4. Intellectual Prope	erty Patents & Copyrights	
mtenectual r rope	rty - 1 atents & copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly releva	nt to the work? Yes V No

Moran 2



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Kammien 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Alexander	2. Surname (Last Name) Kammien	3. Date 17-June-2023
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Jay Moran
5. Manuscript Title Low Rates of Postoperative Complicati Patients with Minimum 2-Year Follow-I		fter Primary Medial Ulnar Collateral Ligament Repair in 313
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter	est? Yes ✓ No	ADD
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descr	ribed in the instructions. Us port relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
		ADD
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Kammien 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Cheng 1



Section 1. Identifying Inforn	nation		
1. Given Name (First Name) Ryan	2. Surname (Last Name) Cheng		3. Date 17-June-2023
4. Are you the corresponding author?	Yes Vo	Corresponding Author's N Jay Moran	lame
5. Manuscript Title Low Rates of Postoperative Complicative Patients with Minimum 2-Year Follow-U		After Primary Medial Ulnar	Collateral Ligament Repair in 313
6. Manuscript Identifying Number (if you ki	now it)		
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The Work Under C	onsideration for Public	20010000	commercial private foundation etc.) for
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter-	g but not limited to grants, da		
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Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter-	ibed in the instructions. Us port relationships that wer	se one line for each entity;	add as many lines as you need by
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Cheng 2



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Santos 1



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4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Jay Moran
5. Manuscript Title Low Rates of Postoperative Complication Patients with Minimum 2-Year Follow-U		After Primary Medial Ulnar Collateral Ligament Repair in 313
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Modrak



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1. Given Name (First Name) Maxwell	2. Surname (Last Name) Modrak		3. Date 18-June-2023
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Na Jay Moran	ame
5. Manuscript Title Low Rates of Postoperative Complicati Patients with Minimum 2-Year Follow-		After Primary Medial Ulnar	Collateral Ligament Repair in 313
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Kunze 1



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Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da		
Are there any relevant connicts of lines	est: Tes VINO		ADD
Section 2			
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter	ibed in the instructions. Us port relationships that wer	se one line for each entity;	add as many lines as you need by
			ADD
Section 4. Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work	? Yes V No

Kunze 2



12 N 2	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
Dr. Kunze has no	othing to disclose.

Evaluation and Feedback

 $Please\ visit\ \underline{\text{http://www.icmje.org/cgi-bin/feedback}}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Kunze 3



Instructions

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

Vaswani 1



Section 1. Identifying In	formation	
1. Given Name (First Name) Ravi	2. Surname (Last Name) Vaswani	3. Date 18-June-2023
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Jay Moran
5. Manuscript Title Low Rates of Postoperative Compl Patients with Minimum 2-Year Foll		After Primary Medial Ulnar Collateral Ligament Repair in 313
6. Manuscript Identifying Number (if y	20 No. 10 No. 10	
Section 2.		
Did you or your institution at any time any aspect of the submitted work (incl statistical analysis, etc.)?	uding but not limited to grants, da	cation a third party (government, commercial, private foundation, etc.) for stamper to the monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of i	nterest? Yes V No	ADD
Section 3. Relevant finan	cial activities outside the s	submitted work.
of compensation) with entities as o	lescribed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of in If yes, please fill out the appropriat		
Name of Entity	Grant•	n-Financial other? Comments
Mid-Atlantic Surgical Systems		Education payments
		ADD
Section 4. Intellectual Pr	operty Patents & Copyric	yhts
Do you have any patents, whether	planned, pending or issued, br	roadly relevant to the work? Yes V No

Vaswani 2



Are there other relationships not covered above Are there 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? Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. 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. Vaswani reports other from Mid-Atlantic Surgical Systems, outside the submitted work;

Evaluation and Feedback

 $Please\ visit\ \underline{\text{http://www.icmje.org/cgi-bin/feedback}}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Vaswani 3



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

Relationships not covered above.

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

Jimenez 1



Section 1.	ldentifying Inform	ation		
1. Given Name (First Andrew	Name)	2. Surname (Last Name) Jimenez		3. Date 18-June-2023
4. Are you the corres	sponding author?	Yes Vo	Corresponding Author's N Jay Moran	Name
	perative Complicatio num 2-Year Follow-U		fter Primary Medial Ulna	r Collateral Ligament Repair in 313
6. Manuscript Identi	fying Number (if you kn	ow it)		
Section 2.	The Work Under Co	nsideration for Public	ration	
Did you or your instit any aspect of the sub statistical analysis, et	cution at any time recei ^s omitted work (including	ve payment or services from but not limited to grants, da	a third party (government,	commercial, private foundation, etc.) for design, manuscript preparation,
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Section 3.	Relevant financial a	activities outside the s	ubmitted work.	
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o at its compoundations to institute	t the appropriate info			
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Medwest			✓ Edu	ucation payments
				ADD
Section 4.	ntellectual Proper	ty Patents & Copyrig	ıhts	
Do you have any p	atents, whether plann	ned, pending or issued, br	oadly relevant to the wor	rk? Yes Vo

Jimenez 2



Are there 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? Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. 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. Jimenez reports other from Medwest, outside the submitted work;

Evaluation and Feedback

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Jimenez 3



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4. Intellectual Property.

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Relationships not covered above.

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

Gulotta 1



Section 1. Identifying Inform	ation		
Given Name (First Name) Lawrence	2. Surname (Last Name) Gulotta		3. Date 18-June-2023
4. Are you the corresponding author?	Yes V No	Corresponding Jay Moran	Author's Name
5. Manuscript Title Low Rates of Postoperative Complicatio Patients with Minimum 2-Year Follow-U		After Primary Me	edial Ulnar Collateral Ligament Repair in 313
6. Manuscript Identifying Number (if you kn	ow it)		
Section 2. The Work Under Co	onsideration for Pub	lication	
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants,		rernment, commercial, private foundation, etc.) fo ard, study design, manuscript preparation,
Are there any relevant conflicts of intere	est? Yes ✓ No		AD
Section 3. Relevant financial	activities outside the	submitted wo	rk.
of compensation) with entities as descri	bed in the instructions.	Use oné line for e	financial relationships (regardless of amount ach entity; add as many lines as you need by ng the 36 months prior to publication.
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant	on-Financial Support?	her? Comments
Gotham Surgical			✓ Education payments ×
DePuy/Medical Device Business Services	✓		Consulting fees X
Exactech			✓ Consulting fees; royalties ×
ZimmerBiomet	✓		Consulting fees ×
Smith & Nephew	$\overline{}$		Speaking fees X
			ADI

Gulotta 2



Section 4. Intellectual Property -- Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No Section 5. Relationships not covered above Are there 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? Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. 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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Gulotta 3



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Povaltice: Eunde are con

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

Dines 1



Section 1. Identifying Informa	ation			
1. Given Name (First Name) Joshua	2. Surname (Last Name) Dines		3. Date 18-June-2023	
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Auth	or's Name	
5. Manuscript Title Low Rates of Postoperative Complication Patients with Minimum 2-Year Follow-Up		After Primary Medial	Ulnar Collateral Ligament Repair in	313
6. Manuscript Identifying Number (if you kno				
Section 2.				
The Work Under Co	nsideration for Publ	ication		
Did you or your institution at any time receiv any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, c		en en en fan en fan de effekte en fan en	tc.) for
Are there any relevant conflicts of interes	st? Yes ✓ No			ADD
Section 3. Relevant financial a	ctivities outside the	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep Are there any relevant conflicts of interest lf yes, please fill out the appropriate information of the conflicts of	oed in the instructions. Uport relationships that we st?	Jse one line for each e	ntity; add as many lines as you nee	ed by
Name of Entity	Grant	on-Financial Support?	Comments	
Arthrex		✓	Consulting fees; royalties	×
Merck Sharp and Dohme	✓		Consulting fees	×
Trice Medical	✓		Consulting fees	×
Linvatec			Royalties	×
				ADD

Dines 2



Section 4. Intellectual Property -- Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Section 5. Relationships not covered above Are there 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? Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. 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. 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;.

Evaluation and Feedback

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Dines 3



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Altchek 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) David	2. Surname (Last Name) Altchek	3. Date 18-June-2023
4. Are you the corresponding author?	Yes V No Corresp	onding Author's Name ran
5. Manuscript Title Low Rates of Postoperative Complica Patients with Minimum 2-Year Follow		ary Medial Ulnar Collateral Ligament Repair in 313
6. Manuscript Identifying Number (if you	know it)	
Section 2. The West Linds		
The Work Under	Consideration for Publication	
any aspect of the submitted work (includi statistical analysis, etc.)?	ng but not limited to grants, data monito	rty (government, commercial, private foundation, etc.) for ring board, study design, manuscript preparation,
Are there any relevant conflicts of inte	erest? Yes V No	-
		ADD
Section 3. Relevant financia	al activities outside the submitte	ed work.
Place a check in the appropriate boxe of compensation) with entities as designed.	s in the table to indicate whether you cribed in the instructions. Use one lin	ed work. I have financial relationships (regardless of amount e for each entity; add as many lines as you need by It during the 36 months prior to publication.
Place a check in the appropriate boxe of compensation) with entities as designed.	s in the table to indicate whether you cribed in the instructions. Use one lin eport relationships that were presen	ı have financial relationships (regardless of amount e for each entity; add as many lines as you need by
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Altchek 3