



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Evan 2. Surname (Last Name) Corning 3. Date 17-December-2020
4. Are you the corresponding author? Yes No Corresponding Author's Name
Brian Gilmer, MD
5. Manuscript Title
Arthroscopically Assisted Fixation of Terrible Triad Variant Injuries of the Elbow with Small Bore Needle Arthroscopy
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

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

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 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):
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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.

Dr. Corning has nothing to disclose.

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)

Matthew

2. Surname (Last Name)

Fournier

3. Date

17-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Brian Gilmer, MD

5. Manuscript Title

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Dr. Fournier has nothing to disclose. Dr. Witt has nothing to disclose.

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1. Given Name (First Name)

Brian

2. Surname (Last Name)

Gilmer

3. Date

17-December-2020

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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
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant and institutional support
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional Support
Pacific Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional Support
ROM3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Holds stock
Smart Medical Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
Synthes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional Support



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Dr. Gilmer reports personal fees and Institutional Support from Arthrex, institutional support from Stryker, Pacific Medical, and Synthes, and holds stock in ROM3, and research support from Smart Medical Devices, 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)

Sarah

2. Surname (Last Name)

Lang

3. Date

17-December-2020

4. Are you the corresponding author?

 Yes

 No

Corresponding Author's Name

Brian Gilmer, MD

5. Manuscript Title

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Ms. Lang has nothing to disclose.

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1. Given Name (First Name)
Austin

2. Surname (Last Name)
Witt

3. Date
17-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Brian Gilmer, MD

5. Manuscript Title

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Mr. Witt has nothing to disclose.

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