ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Amy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Moore</td>
</tr>
<tr>
<td>3. Date</td>
<td>06-September-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Hollie Power</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>JBJS-D-18-00554</td>
</tr>
</tbody>
</table>

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Dr. Moore has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ketan
2. Surname (Last Name) Sharma
3. Date 06-September-2018
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Hollie Power

5. Manuscript Title
Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00554

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Dr. Sharma has nothing to disclose.

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<tbody>
<tr>
<td>Madi</td>
<td>El Haj</td>
<td>06-September-2018</td>
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4. Are you the corresponding author? [ ] Yes [✔] No

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Dr. El Haj has nothing to disclose.

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</tr>
</thead>
<tbody>
<tr>
<td>Hollie</td>
<td>Power</td>
<td>06-September-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00554

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Dr. Power has nothing to disclose.

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1. Given Name (First Name) Megan
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3. Date 06-September-2018
4. Are you the corresponding author? ☑ No
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6. Manuscript Identifying Number (if you know it)
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Dr. Patterson has nothing to disclose.

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Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Susan

2. Surname (Last Name)  
   Mackinnon

3. Date  
   06-September-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Hollie Power

5. Manuscript Title  
   Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00554

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

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Dr. Mackinnon has nothing to disclose.

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