

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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

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

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Section 1. Identifying Information

1. Given Name (First Name)

Clifton

2. Surname (Last Name)

Bingham

3. Date

25-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Brittany Adler

5. Manuscript Title

Development of Erosive Rheumatoid Arthritis in a Bilateral Hand Transplant Recipient

6. Manuscript Identifying Number (if you know it)

L16-0588

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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Section 4. Intellectual Property -- Patents & Copyrights

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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. Bingham has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) GERALD 2. Surname (Last Name) BRANDACHER 3. Date 5-24-17

4. Are you the corresponding author? Yes No

5. Manuscript Title DEVELOPMENT OF EROSIIVE RHEUMATOID ARTHRITIS IN A BILATERAL HAND TRANSPLANT RECIPIENT
6. Manuscript Identifying Number (if you know it) L16-05P

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Section 1. Identifying Information

1. Given Name (First Name)
Brittany

2. Surname (Last Name)
Adler

3. Date

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Dr. Adler has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 W P Andrew Lee 14-June-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
 Development of Erosive Rheumatoid Arthritis in a Bilateral Hand Transplant Recipient

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
US Army Medical Research & Material Command	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Armed Forces Institute of Regenerative Medicine and Congressionally Directed Medical Research

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Taylor and Francis Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalty of \$2,000 per year

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Dr. Lee reports grants from US Army Medical Research & Material Command, during the conduct of the study; other from Taylor and Francis Publisher, 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) Jaimie	2. Surname (Last Name) Shores	3. Date 05-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brittany Adler
5. Manuscript Title Development of Erosive Rheumatoid Arthritis in a Bilateral Hand Transplant Recipient		
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Section 1. Identifying Information

1. Given Name (First Name)

Jemima

2. Surname (Last Name)

Albayda

3. Date

07-June-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Brittany Adler

5. Manuscript Title

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