Date:	3/13/2023
Your Name:	Reingard Glehr
Manuscript Title:	Trapeziometacarpal Prosthesis vs. Resection-Interposition Arthroplasty A Randomized
	Controlled Trial
Manuscript Number (if known):	AO-2022-335 - (16733)

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3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werelationship or indicate none (add rows as needed)made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None Image: State of the s	
7	Support for attending meetings and/or travel	None Image: State of the s	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	None	
Plea ×	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. 		

Date:	3/13/2023
Your Name:	Florian Amerstorfer
Manuscript Title:	Trapeziometacarpal Prosthesis vs. Resection-Interposition Arthroplasty A Randomized
	Controlled Trial
Manuscript Number (if known):	AO-2022-335 - (16733)

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ None □ □ □ □ □ □	

		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were led) made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea ×	Please place an "X" next to the following statement to indicate your agreement:		

Date:	3/13/2023
Your Name:	Armin Gräf
Manuscript Title:	Trapeziometacarpal Prosthesis vs. Resection-Interposition Arthroplasty A Randomized
	Controlled Trial
Manuscript Number (if known):	AO-2022-335 - (16733)

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None Image: State of the s	
7	Support for attending meetings and/or travel	None Image: State of the s	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	None	
Plea ×	Please place an "X" next to the following statement to indicate your agreement:		

Date:	3/13/2023	
Your Name:	Sebastian M. Klim	
Manuscript Title: Trapeziometacarpal Prosthesis vs. Resection-Interposition Arthroplasty A		
	Controlled Trial	
Manuscript Number (if known):	AO-2022-335 - (16733)	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	⊠ None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werelationship or indicate none (add rows as needed)made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None Image: State of the s	
7	Support for attending meetings and/or travel	None Image: State of the s	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea ×	Please place an "X" next to the following statement to indicate your agreement:		

Date:	3/13/2023	
Your Name:	Andreas Leithner	
Manuscript Title:	Trapeziometacarpal Prosthesis vs. Resection-Interposition Arthroplasty A Randomized	
	Controlled Trial	
Manuscript Number (if known):	AO-2022-335 - (16733)	

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4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None □ □ □ □	
6	Payment for expert testimony	☑ None □ □ □ □	
7	Support for attending meetings and/or travel	☑ None	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ None	

		Name all entities with whom your relationship or indicate none (ad		Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	⊠ None		
Plea ×	Please place an "X" next to the following statement to indicate your agreement:			

Date:	3/13/2023	
Your Name:	Mathias Glehr	
Manuscript Title:	Trapeziometacarpal Prosthesis vs. Resection-Interposition Arthroplasty A Randomized	
	Controlled Trial	
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☑ None Instutitional grant from Stryker ☑ ☐ <t< th=""><th>Study nurse salary Click the tab key to add additional rows.</th></t<>	Study nurse salary Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None paid presentation for Stryker Corp.	
6	Payment for expert testimony	☑ None	
7	Support for attending meetings and/or travel	☑ None	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	⊠ None		
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