Date:Aug. 25 th , 2021	
Your Name: Lan Mo	
Manuscript Title: Identifying typologies of quality of life in patients with moderate to severe hand to	rauma based or
patient-reported outcomes	
Manuscript number (if known): APM-21-2235	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events	V 1	
6	Payment for expert	XNone	
	testimony		
7	Cuppert for attending	V None	
/	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
	None.		
∟ Ple	ase place an "X" next to the	e following statement to in	ndicate your agreement:

Date:Aug. 25 th , 2021
Your Name: Yuhong Fu
Manuscript Title: Identifying typologies of quality of life in patients with moderate to severe hand trauma based on
patient-reported outcomes
Manuscript number (if known): APM-21-2235
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4	Consulting fees	XNone	

5		XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimon,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	se place an "X" next to the	following statement to	indicate vour agreement:

Date:Aug. 25 th , 2021
Your Name: Leiyin Mao
Manuscript Title: Identifying typologies of quality of life in patients with moderate to severe hand trauma based on
patient-reported outcomes
Manuscript number (if known): APM-21-2235
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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5		XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimon,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	X None	
	financial interests		
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N	lone.		
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Date:Aug. 25 th , 2021
Your Name: Linyi Zhu
Manuscript Title: Identifying typologies of quality of life in patients with moderate to severe hand trauma based on
patient-reported outcomes
Manuscript number (if known): APM-21-2235

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5		XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimon,		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	se place an "X" next to the	following statement to	indicate vour agreement:

Date:Aug. 25 th , 2021
Your Name: Yuan Zhou
Manuscript Title: Identifying typologies of quality of life in patients with moderate to severe hand trauma based o
patient-reported outcomes
Manuscript number (if known): APM-21-2235

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X None	
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the f	following box:
N	lone.		
Plea	se place an "X" next to the	following statement to	indicate vour agreement:

te:Aug. 25 th , 2021	
ur Name: Qingmei Huang	
nuscript Title: Identifying typologies of quality of life in patients with moderate to severe hand trauma based	lon
ient-reported outcomes	
nuscript number (if known): APM-21-2235	
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3	Royalties or licenses	XNone	
	-		
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel	None		
	3			
8	Patents planned, issued or	XNone		
	pending			
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9	Participation on a Data Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical	X_None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	se summarize the above co	nflict of interest in the	following box:	
N	one.			
Plea	se place an "X" next to the	following statement to	indicate your agreement:	

Dat	e:Aug. 25 th , 2021				
	r Name: Changrong Yua	n			
	Manuscript Title: Identifying typologies of quality of life in patients with moderate to severe hand trauma based on				
	ient-reported outcomes	0 / 0 / /	·		
•	nuscript number (if known):	– APM-21-2235			
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			ans any relation with for-profit or not-for-profit third		
			of the manuscript. Disclosure represents a commitment		
-			If you are in doubt about whether to list a		
	tionship/activity/interest, it	-			
		. is presentable that you do			
The	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the current		
	nuscript only.				
The	author's relationships/activ	vities/interests should be	defined broadly. For example, if your manuscript perta	ins	
			all relationships with manufacturers of antihypertensi		
	dication, even if that medica			VE	
me	uication, even ii that medica	tion is not mentioned in t	me manuscript.		
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			d in this manuscript without time limit. For all other it	ems,	
tne	time frame for disclosure is	the past 36 months.			
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as	montation,		
		needed)			
		Time frame: Since the initia	al planning of the work		
	T	T			
1	All support for the present	XNone			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				

Time frame: past 36 months

X__None

X__None

X__None

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

3

any entity (if not indicated

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		X None	
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X None	
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13	Other financial or non-	X None	
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