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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Philip
2. Surname (Last Name)  Blazar
3. Date  02-March-2015
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Prognostic Indicators for Recurrent Symptoms after a Single Corticosteroid Injection for Carpal Tunnel Syndrome

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

☐ Yes  ✔ No

Section 5. Relationships not covered above

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Dr. Blazar reports personal fees from Smith & Nephew, personal fees from Auxilium Pharmaceuticals, grants from Arthrex Inc., grants from NIH, 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)  Brandon
2. Surname (Last Name)  Earp
3. Date  02-March-2015
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title
   Prognostic Indicators for Recurrent Symptoms after a Single Corticosteroid Injection for Carpal Tunnel Syndrome
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Section 2. The Work Under Consideration for Publication

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Dr. Earp reports personal fees from Biomet, other from Johnson and Johnson, grants from Arthrex Inc., grants from NIH, outside the submitted work; .

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**Section 1. Identifying Information**

1. Given Name (First Name)  Emerson
2. Surname (Last Name)  Floyd
3. Date  02-March-2015
4. Are you the corresponding author?  [ ] Yes  ✔ No
5. Manuscript Title  Prognostic Indicators for Recurrent Symptoms after a Single Corticosteroid Injection for Carpal Tunnel Syndrome
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Mr. Floyd has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Carin
2. Surname (Last Name)  Han
3. Date  02-March-2015
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Philip E. Blazar
5. Manuscript Title
   Prognostic Indicators for Recurrent Symptoms after a Single Corticosteroid Injection for Carpal Tunnel Syndrome
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<td>Philip E. Blazar</td>
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Are there any relevant conflicts of interest? Yes ✔ No

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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Rozental has nothing to disclose.

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