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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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  Joshua
2. Surname (Last Name)  Abzug
3. Date  14-June-2014
4. Are you the corresponding author?  ✔ Yes  ❌ No

5. Manuscript Title
Redefining the Supraclavicular Anatomy of the Brachial Plexus

6. Manuscript Identifying Number (if you know it)

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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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Consulting Fees</td>
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</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ❌ Yes  ✔ No
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Dr. Abzug reports other from Springer, other from Axogen, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Scott  
2. Surname (Last Name)  
Kozin  
3. Date  
14-June-2014  
4. Are you the corresponding author?  
☑ Yes  
No  
Corresponding Author’s Name  
Joshua Abzug, M.D.  
5. Manuscript Title  
Redefining the Supraclavicular Anatomy of the Brachial Plexus  
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No  

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<tbody>
<tr>
<td>Sophia</td>
<td>Leung</td>
<td>14-June-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes [ ]  
   - No [ ]

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Dr. Leung has nothing to disclose.

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1. Given Name (First Name)  
   Dan

2. Surname (Last Name)  
   Zlotolow

3. Date  
   14-June-2014

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Joshua Abzug, M.D.

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