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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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alan

2. Surname (Last Name)  
   Hargens

3. Date  
   09-September-2016

4. Are you the corresponding author?  
   ✅ Yes  ❌ No
   Corresponding Author’s Name  
   Sravya T. Challa

5. Manuscript Title  
   Muscle Microvascular Blood Flow, Oxygenation, pH and perfusion pressure decrease in Simulated Acute Compartment Syndrome

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

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.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ☑ No

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Alan R. Hargens reports non-financial support from Sotera Wireless, grants from NSBRI, and grants from NIH, during the conduct of the study.

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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)  Macias
3. Date  22-August-2016

4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Sravya T. Challa

5. Manuscript Title
   Muscle Microvascular Blood Flow, Oxygenation, pH and perfusion pressure decrease in Simulated Acute Compartment Syndrome

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Section 1. Identifying Information

1. Given Name (First Name)  Amarachi
2. Surname (Last Name)  Uzosike
3. Date  31-August-2016

4. Are you the corresponding author?  ☑ Yes  ☐ No
   Corresponding Author’s Name  Sravya T. Challa

5. Manuscript Title
   Muscle Microvascular Blood Flow, Oxygenation, pH and perfusion pressure decrease in Simulated Acute Compartment Syndrome

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Ms. Uzosike reports grants and other from American Physiological Society and non-financial support from Sotera Wireless during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sravya

2. Surname (Last Name)  
   Challa

3. Date  
   22-August-2016

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Sravya T. Challa

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