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)  
   Christopher

2. Surname (Last Name)  
   Dy

3. Date  
   04-March-2017

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author's Name  
   Carol A. Mancuso

5. Manuscript Title  
   Development of a Questionnaire to Measure Impact and Outcomes of Brachial Plexus Injury

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Zoe  

2. Surname (Last Name)  
   Landers  

3. Date  
   30-March-2017  

4. Are you the corresponding author?  
   Yes ☑  

5. Manuscript Title  
   Development of a Questionnaire to Measure the Impact and Outcomes of Brachial Plexus Injury  

6. Manuscript Identifying Number (if you know it)

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Landers
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Section 1. Identifying Information

1. Given Name (First Name)  
   Steve

2. Surname (Last Name)  
   Lee

3. Date  
   28-March-2017

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author’s Name  
Carol A. Mancuso

5. Manuscript Title  
Development of a Questionnaire to Measure the Impact and Outcomes of Brachial Plexus Injury

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Carol A

2. **Surname (Last Name)**
   - Mancuso

3. **Date**
   - 04-March-2017

4. **Are you the corresponding author?**
   - ✔ Yes

5. **Manuscript Title**
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Other: Anything not covered under the previous three boxes

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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
**Section 1. Identifying Information**

1. Given Name (First Name)  
   Zina

2. Surname (Last Name)  
   Model

3. Date  
   09-March-2017

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

   Corresponding Author’s Name  
   Carol A. Mancuso, MD

5. Manuscript Title  
   Development of a Questionnaire to Measure Impact and Outcomes of Brachial Plexus Injury

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. 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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Are there any relevant conflicts of interest?  
   [ ] Yes  
   ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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1. Identifying information.
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Eliana

2. Surname (Last Name)  
   Saltzman

3. Date  
   27-March-2017

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

   Corresponding Author’s Name  
   Carol A. Mancuso

5. Manuscript Title  
   Development of a Questionnaire to Measure the Impact and Outcomes of Brachial Plexus Injury

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
Scott

2. Surname (Last Name)  
Wolfe

3. Date  
21-March-2017

4. Are you the corresponding author?  
Yes  ✔

Corresponding Author’s Name  
Carol A. Mancuso

5. Manuscript Title  
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