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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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

5. Relationships not covered above.

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
alexandre

2. Surname (Last Name)  
creuze

3. Date  
22-February-2017

4. Are you the corresponding author?  
✓ Yes  
No

5. Manuscript Title  
Effectiveness of Reduced Dose Electromyographic-Guided Botulinum Toxin Injections in the Treatment of Chronic Lateral Epicondylar Tendinopathy: A randomized Double Blind Study

6. Manuscript Identifying Number (if you know it)  
NCT00437762

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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?  
No  
✓ Yes

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
✓ No  
Yes
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Dr. creuze reports grants from IPSEN, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mathieu

2. Surname (Last Name)  
   de seze

3. Date  
   17-May-2017

4. Are you the corresponding author?  
   Yes ✔

   Corresponding Author's Name  
   Dr Alexandre Creuzé

5. Manuscript Title
   Effectiveness of Reduced Dose Electromyographic-Guided Botulinum Toxin Injections in the Treatment of Chronic Lateral Epicondylar Tendinopathy: A randomized Double Blind Study

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<td>22-May-2017</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No  

Corresponding Author’s Name  
Alexandre Creuzé

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Dr. Petit has nothing to disclose.

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