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) Daniel
2. Surname (Last Name) Altman
3. Date 21-June-2015
4. Are you the corresponding author?  ✔ No

Corresponding Author’s Name
Dr. Amit Bhandutia

5. Manuscript Title
Traumatic Conus Medullaris Syndrome: Case Report and Review of Literature

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Altman has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Amit  

2. Surname (Last Name)  
   Bhandutia  

3. Date  
   21-June-2015  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Traumatic Conus Medullaris Syndrome: Case Report and Review of Literature  

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### Section 2. The Work Under Consideration for Publication

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Dr. Bhandutia has nothing to disclose.

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<th>1. Given Name (First Name)</th>
<th>Nathan</th>
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</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Winek</td>
</tr>
<tr>
<td>3. Date</td>
<td>13-November-2015</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No  

**Corresponding Author’s Name**  
Amit K. Bhandutia

5. Manuscript Title  
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