

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lindley	2. Surname (Last Name) Wall	3. Date 01-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Scott Oishi, MD
5. Manuscript Title Exertional Compartment Syndrome with Amniotic Band Disruption Sequence		
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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Are there any relevant conflicts of interest? Yes No

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Dr. Wall has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Lesley	2. Surname (Last Name) Butler	3. Date 01-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Scott Oishi, MD
5. Manuscript Title Exertional Compartment Syndrome with Amniotic Band Disruption Sequence		
6. Manuscript Identifying Number (if you know it) _____		

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1. Given Name (First Name) Marybeth	2. Surname (Last Name) Ezaki	3. Date 01-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Scott Oishi, MD
5. Manuscript Title Exertional Compartment Syndrome with Amniotic Band Disruption Sequence		
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1. Given Name (First Name)
Scott

2. Surname (Last Name)
Oishi

3. Date
01-June-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Exertional Compartment Syndrome with Amniotic Band Disruption Sequence

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