ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent
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### 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? | Yes | No |
| Corresponding Author’s Name | Scott Oishi, MD |

- **Manuscript Title**
  Exertional Compartment Syndrome with Amniotic Band Disruption Sequence

- **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

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes | No

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Dr. Wall has nothing to disclose.

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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?  
☑ 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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Section 1. Identifying Information

1. Given Name (First Name)  
   Marybeth

2. Surname (Last Name)  
   Ezaki

3. Date  
   01-June-2015

4. Are you the corresponding author?  
   Yes ☐  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)**  
   Scott

2. **Surname (Last Name)**  
   Oishi

3. **Date**  
   01-June-2015

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

5. **Manuscript Title**  
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