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)  
   Eric

2. Surname (Last Name)  
   Cohen

3. Date  
   11-July-2014

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

Corresponding Author’s Name  
Roman Hayda

5. Manuscript Title  
Deltoid Compartment syndrome after prolonged lateral decubitus positioning

6. Manuscript Identifying Number (if you know it)

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

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Dr. Cohen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Matt
2. Surname (Last Name)  McDonnell
3. Date  11-July-2014
4. Are you the corresponding author?  Yes  No
   ✔
   Corresponding Author’s Name
      Roman Hayda
5. Manuscript Title
      Deltoid Compartment syndrome after prolonged lateral decubitus positioning
6. Manuscript Identifying Number (if you know it)

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Dr. McDonnell has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Roman

2. Surname (Last Name)  
   Hayda

3. Date  
   11-July-2014

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

5. Manuscript Title  
   Deltoid Compartment syndrome after prolonged lateral decubitus positioning

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Hayda has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Robin

2. Surname (Last Name)  
Kamal

3. Date  
11-July-2014

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Roman Hayda

5. Manuscript Title  
Deltoid Compartment syndrome after prolonged lateral decubitus positioning

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Todd</td>
<td>Borenstein</td>
<td>11-July-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Roman Hayda

5. Manuscript Title
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Dr. Borenstein has nothing to disclose.

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