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)  
David

2. Surname (Last Name)  
Margolis

3. Date  
18-September-2014

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Lisa Truchan

5. Manuscript Title  
Brachial plexopathy following use of recombinant human bone morphogenetic protein-2 for treatment of atrophic delayed union of the clavicle

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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Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Margolis has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Matthews

3. Date  
18-September-2014

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

Corresponding Author’s Name  
Lisa Truchan

5. Manuscript Title  
Brachial plexopathy following use of recombinant human bone morphogenetic protein-2 for treatment of atrophic delayed union of the clavicle

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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☐ Yes  ✔ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Matthews has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Lisa
2. Surname (Last Name)  Truchan
3. Date  18-September-2014
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Brachial plexopathy following use of recombinant human bone morphogenetic protein-2 for treatment of atrophic delayed union of the clavicle

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information
1. Given Name (First Name)  Eileen
2. Surname (Last Name)  Wu
3. Date  18-September-2014
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Lisa Truchan
5. Manuscript Title
   Brachial plexopathy following use of recombinant human bone morphogenetic protein-2 for treatment of atrophic delayed union of the clavicle
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