

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Vinicius

2. Surname (Last Name)

Craveiro

3. Date

23-February-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Left non-recurrent inferior laryngeal nerve in a patient with vascular and atlantoaxial abnormalities: A case report

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.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 6. Disclosure Statement

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

Mr. Craveiro 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) Polina	2. Surname (Last Name) Osler	3. Date 26-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vinicius Craveiro
5. Manuscript Title Left non-recurrent inferior laryngeal nerve in a patient with vascular and atlantoaxial abnormalities: A case report		
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.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Ms. Osler 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)

James

2. Surname (Last Name)

Rocco

3. Date

20-March-2013

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Vinicius Craveiro

5. Manuscript Title

Left non-recurrent inferior laryngeal nerve in a patient with vascular and atlantoaxial abnormalities: A case report

6. Manuscript Identifying Number (if you know it)

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Dr. Rocco 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) Joseph	2. Surname (Last Name) Schwab	3. Date 25-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vinicius Craveiro
5. Manuscript Title Left non-recurrent inferior laryngeal nerve in a patient with vascular and atlantoaxial abnormalities: A case report		
6. Manuscript Identifying Number (if you know it)		

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Dr. Schwab has nothing to disclose.

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