

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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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**Royalties:** Funds are coming in to you or your institution due to your patent

## 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

03-February-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Spontaneous Dural Tear Presenting as Acute Onset Headache after a Minor Fall: 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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Dr. Osler 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) Sarah	2. Surname (Last Name) Mulroy	3. Date 03-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Polina Osler
5. Manuscript Title Spontaneous Dural Tear Presenting as Acute Onset Headache after a Minor Fall: A Case Report		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr. Mulroy has nothing to disclose.

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1. Given Name (First Name) Tyler	2. Surname (Last Name) Herzog	3. Date 03-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Polina Osler
5. Manuscript Title Spontaneous Dural Tear Presenting as Acute Onset Headache after a Minor Fall: A Case Report		
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1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Grottkau

3. Date  
03-February-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Polina Osler

5. Manuscript Title

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Dr. Grottkau has nothing to disclose.

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