ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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

Osler
## 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

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   ✔ Yes  
   No

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   ✔ Yes  
   No
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Dr. Osler has nothing to disclose.

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### 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?**
   - 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)**

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### 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**

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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?  **[ ] Yes [✓] No**
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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?  
   ✔ No

5. Manuscript Title  
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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?  
   ☑ No

   Corresponding Author’s Name  
   Polina Osler

5. Manuscript Title  
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