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.

1. Identifying information.

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

---

Goss
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   David  

2. Surname (Last Name)  
   Goss  

3. Date  
   30-August-2016  

4. Are you the corresponding author?  
   Yes [ ]  No [✓]  
   Corresponding Author’s Name  
   Benjamin C. Taylor  

5. Manuscript Title  
   Spontaneous Compartment Syndrome in a Patient with McArdle’s Disease: A Case Report and Review of the Literature  

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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   Yes [ ]  No [✓]

### 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. Goss 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)
   Benjamin

2. Surname (Last Name)
   Taylor

3. Date
   30-August-2016

4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
   Spontaneous Compartment Syndrome in a Patient with McArdle’s Disease: A Case Report and Review of the Literature

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If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Editorial Board</td>
</tr>
</tbody>
</table>

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Dr. Taylor reports personal fees from ZimmerBiomet, personal fees from Orthobullets.com, outside the submitted work; .

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Jacob
2. **Surname (Last Name)**
   Triplet
3. **Date**
   30-August-2016
4. Are you the corresponding author?  
   - [ ] Yes  
   - **[x]** No  
   **Corresponding Author’s Name**
   Benjamin C. Taylor
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Are there any relevant conflicts of interest?  
- [ ] Yes  
- **[x]** No

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