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.

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.

5. **Relationships not covered above.**
   
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Sally

2. Surname (Last Name)  
   Corey

3. Date  
   12-September-2016

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

5. Manuscript Title  
   Brugada Syndrome Induced by an Interscalene Block

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?  
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Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No

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

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Dr. Corey has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Gay

3. Date  
   26-September-2016

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Sally Corey

5. Manuscript Title  
   Brugada Syndrome Induced by an Interscalene Block

6. Manuscript Identifying Number (if you know it)

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

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**Section 6. Disclosure Statement**

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Dr. Gay has nothing to disclose.

**Evaluation and Feedback**

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Santosh

2. Surname (Last Name)  
   Varkey

3. Date  
   26-September-2016

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

Corresponding Author’s Name  
Sally Corey

5. Manuscript Title  
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Douglas

2. Surname (Last Name)  
Phillips

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26-September-2016

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☑ No

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