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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Bradley

2. **Surname (Last Name)**  
   Ashman

3. **Date**  
   04-October-2017

4. **Are you the corresponding author?**  
   ✔ Yes  
   ❏ No

5. **Manuscript Title**  
   Intra-operative Neuromonitoring for Brachial Plexus Neurolysis During Delayed Fixation of a Clavicle Fracture Presenting as Thoracic Outlet Syndrome: A Case Report

6. **Manuscript Identifying Number (if you know it)**  
   
---

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- ✔ Yes  
- ❏ No

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- ✔ Yes  
- ❏ No

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- ✔ Yes  
- ❏ No
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Dr. Ashman has nothing to disclose.

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Joshua</td>
<td>Castle</td>
<td>04-October-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name: Bradley Ashman

5. Manuscript Title
   Intra-operative Neuromonitoring for Brachial Plexus Neurolysis During Delayed Fixation of a Clavicle Fracture Presenting as Thoracic Outlet Syndrome: A Case Report

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Section 6. Disclosure Statement

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Mr. Castle 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)**  
   Anurag

2. **Surname (Last Name)**  
   Tewari

3. **Date**  
   04-October-2017

4. **Are you the corresponding author?**
   - Yes  
   - No  
   ✔ No

   **Corresponding Author’s Name**  
   Bradley Ashman

5. **Manuscript Title**  
   Intra-operative Neuromonitoring for Brachial Plexus Neurolysis During Delayed Fixation of a Clavicle Fracture Presenting as Thoracic Outlet Syndrome: A Case Report

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Dr. Tewari has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sanjeev

2. Surname (Last Name)  
   Bhatia

3. Date  
   04-October-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Bradley Ashman

5. Manuscript Title  
   Intra-operative Neuromonitoring for Brachial Plexus Neurolysis During Delayed Fixation of a Clavicle Fracture Presenting as Thoracic Outlet Syndrome: A Case Report

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Dr. Bhatia has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Samer

2. Surname (Last Name)  
   Hasan

3. Date  
   04-October-2017

4. Are you the corresponding author?  
   ✔ Yes  
   □ No

   Corresponding Author’s Name  
   Bradley Ashman

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Dr. Hasan has nothing to disclose.

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