

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Kyle	2. Surname (Last Name) Pentz	3. Date 25-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jacob Triplet
5. Manuscript Title Nontraumatic Compartment Syndrome in a Patient with Protein S Deficiency		
6. Manuscript Identifying Number (if you know it)		

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Kyle Pentz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Baker	3. Date 25-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jacob Triplet
5. Manuscript Title Nontraumatic Compartment Syndrome in a Patient with Protein S Deficiency		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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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Dr. Baker has nothing to disclose.

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1. Given Name (First Name) David	2. Surname (Last Name) Johnson	3. Date 25-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jacob Triplet
5. Manuscript Title Nontraumatic Compartment Syndrome in a Patient with Protein S Deficiency		
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Section 1. Identifying Information

1. Given Name (First Name)

Jacob

2. Surname (Last Name)

Triplet

3. Date

25-January-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Nontraumatic Compartment Syndrome in a Patient with Protein S Deficiency

6. Manuscript Identifying Number (if you know it)

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