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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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Stirling

3. Date  
   07-April-2018

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

   Corresponding Author’s Name  
   J Nicholson

5. Manuscript Title  
   Dynamic compression of the subclavian artery after clavicular nonunion

6. Manuscript Identifying Number (if you know it)  
   CC-D-18-00200

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes [ ]  No [x]

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   Yes [ ]  No [x]

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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Stirling
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Dr. Stirling 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)  Jamie
2. Surname (Last Name)  Nicholson
3. Date  07-April-2018
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Dynamic compression of the subclavian artery after clavicular nonunion

6. Manuscript Identifying Number (if you know it)
   CC-D-18-00200

Section 2. The Work Under Consideration for Publication

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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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Dr. Nicholson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mike

2. Surname (Last Name)  
   Robinson

3. Date  
   07-April-2018

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   J Nicholson

5. Manuscript Title  
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1. Given Name (First Name)  
   Jason

2. Surname (Last Name)  
   Strelzow

3. Date  
   07-April-2018

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

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