

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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

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

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Section 6. Disclosure Statement

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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

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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		

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1. Given Name (First Name)

Jason

2. Surname (Last Name)

Strelzow

3. Date

07-April-2018

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Yes No

Corresponding Author's Name

J Nicholson

5. Manuscript Title

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