ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Katharine

2. Surname (Last Name)  
   Hinchcliff

3. Date  
   22-September-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Spontaneous Radial Nerve Palsy due to an Unrecognized Myofibroma

6. Manuscript Identifying Number (if you know it)  

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Section 1. Identifying Information

1. Given Name (First Name)  Jason
2. Surname (Last Name)  Hornick
3. Date  07-October-2018
4. Are you the corresponding author?  ✔ No
5. Manuscript Title  Spontaneous Radial Nerve Palsy due to an Unrecognized Myofibroma
6. Manuscript Identifying Number (if you know it)

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica</td>
<td>Rogers</td>
<td>07-October-2018</td>
</tr>
</tbody>
</table>

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

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

2. Surname (Last Name)  
   Sarohia

3. Date  
   07-October-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Hinchcliff

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   Szabo

3. Date  
   07-October-2018

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