ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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</thead>
<tbody>
<tr>
<td>Brooks</td>
<td>Ficke</td>
<td>16-August-2018</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Ficke has nothing to disclose.

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1. Given Name (First Name)  
   Richard  
2. Surname (Last Name)  
   Meyer  
3. Date  
   16-August-2018  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Erin Ransom  
5. Manuscript Title  
   Brachial Plexus Injuries Associated with Open Subpectoral Biceps Tenodesis: A Report of 2 Cases  
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1. Given Name (First Name)  Brent
2. Surname (Last Name)  Ponce
3. Date  16-August-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Erin Ransom
5. Manuscript Title  Brachial Plexus Injuries Associated with Open Subpectoral Biceps Tenodesis: A Report of 2 Cases
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<tr>
<td>Erin</td>
<td>Ransom</td>
<td>16-August-2018</td>
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