ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Timothy

2. Surname (Last Name)  
   Moore

3. Date  
   05-January-2019

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Post Traumatic Cervical Charcot

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?  
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Dr. Moore has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel J.
2. Surname (Last Name) Quinones
3. Date 05-January-2019
4. Are you the corresponding author? Yes ☐ No ☑

5. Manuscript Title
   Post Traumatic Cervical Charcot

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 ☑

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. Quinones has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Iyooh

2. Surname (Last Name)  
Davidson

3. Date  
29-November-2018

4. Are you the corresponding author?  
✓ Yes  
No

5. Manuscript Title  
Post-Traumatic Cervical Charcot

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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✓ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Davidson has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Colin

2. Surname (Last Name)  
   Haines

3. Date  
   05-January-2019

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

Corresponding Author’s Name  
Iyooh U Davidson

5. Manuscript Title  
   Post Traumatic Cervical Charcot

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Dr. Haines has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Michael</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Keith</td>
</tr>
<tr>
<td>3. Date</td>
<td>05-January-2019</td>
</tr>
</tbody>
</table>

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Corresponding Author’s Name

Iyooh U Davidson

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Dr. Keith has nothing to disclose.

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**Grant:** A grant from an entity, generally (but not always) paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
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1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Kilgore

3. Date  
   05-January-2019

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

   Corresponding Author’s Name  
   Iyooh U Davidson

5. Manuscript Title  
   Post Cervical Charcot Arthropathy

6. Manuscript Identifying Number (if you know it)

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

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

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kilgore has nothing to disclose.

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