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)  Brenton
2. Surname (Last Name)  Hill
3. Date  28-December-2015
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Mary Mulcahey, MD
5. Manuscript Title  Peripheral Nerve Blocks for Surgery about the Knee
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Mr. Hill has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Christopher  
2. Surname (Last Name)  
   Hoffman  
3. Date  
   28-December-2015  
4. Are you the corresponding author?  
   ✔ Yes  
   □ No  
5. Manuscript Title  
   Peripheral Nerve Blocks For Surgery About The Knee  
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Dr. Hoffman has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard</td>
<td>Howell</td>
<td>27-December-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Mary Mulcahey

5. Manuscript Title

Peripheral Nerve Blocks for Surgery about the Knee

6. Manuscript Identifying Number (if you know it)

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Dr. Howell has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Mary
2. **Surname (Last Name)**
   - Mulcahey
3. **Date**
   - 28-December-2015
4. **Are you the corresponding author?**
   - Yes ✔ No
5. **Manuscript Title**
   - Peripheral Nerve Blocks for Surgery About the Knee
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? ✔ No

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   Erin  
2. Surname (Last Name)  
   Treacy  
3. Date  
   14-January-2016  
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