

## 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)

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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

6. Manuscript Identifying Number (if you know it)

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Dr. Hoffman 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) Richard	2. Surname (Last Name) Howell	3. Date 27-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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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)

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### Section 1. Identifying Information

1. Given Name (First Name) Erin	2. Surname (Last Name) Treacy	3. Date 14-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Peripheral Nerve Blocks for Surgery About the Knee		
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