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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Identifying Information

1. Given Name (First Name)  
   Arnold-Peter

2. Surname (Last Name)  
   Weiss

3. Date  
   21-October-2016

4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No

5. Manuscript Title  
   Upper Extremity Extravasation: Evaluation, Management, and Prevention

6. Manuscript Identifying Number (if you know it)

### The Work Under Consideration for Publication

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Dr. Weiss has nothing to disclose.

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Section 1. Identifying Information

<table>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Joseph</td>
<td>Gil</td>
<td>21-October-2016</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
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Section 2. The Work Under Consideration for Publication

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.)?  
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gil has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Kalpit

2. Surname (Last Name)  
Shah

3. Date  
21-October-2016

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Joseph Gil

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Luis  
2. Surname (Last Name)  
   Suarez  
3. Date  
   21-October-2016  
4. Are you the corresponding author?  
   No  
   ✔  
   Corresponding Author’s Name  
   Joseph Gil  
5. Manuscript Title  
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Dr. Suarez has nothing to disclose.

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