ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Christian

2. Surname (Last Name)  
Merrill

3. Date  
16-November-2017

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

Corresponding Author’s Name  
Isaac Moss

5. Manuscript Title  
Team Approach: Upper Extremity Numbness

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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Section 6. Disclosure Statement

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Dr. Merrill has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anthony
2. Surname (Last Name) Parrino
3. Date 05-December-2017

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Isaac Moss

5. Manuscript Title
Team Approach: Upper Extremity Numbness

6. Manuscript Identifying Number (if you know it)
2bf3bf392054e1f7

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.)?

Are there any relevant conflicts of interest? ☑ No

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Dr. Parrino has nothing to disclose.

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Ferreira
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Joel

2. Surname (Last Name)  
   Ferreira

3. Date  
   17-November-2017

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Team Approach: Upper Extremity Numbness

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Ferreira has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Isaac  

2. Surname (Last Name)  
   Moss  

3. Date  
   16-November-2017  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Team Approach: Upper Extremity Numbness  

6. Manuscript Identifying Number (if you know it)  
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   Yes  
   No  

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. Moss reports personal fees from Stryker, personal fees from Nuvasive, personal fees from Spineart, personal fees from Pfizer, personal fees from Atlas Spine, outside the submitted work.

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