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1. Identifying information.

2. The work under consideration for publication.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
Bethany  

2. Surname (Last Name)  
Lipa  

3. Date  
16-July-2018  

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

5. Manuscript Title  
Team Approach: Treatment and Rehabilitation of Patients with Spinal Cord Injury Resulting in Tetraplegia  

6. Manuscript Identifying Number (if you know it)  
0e6059b0e08f1d6c

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Are there any relevant conflicts of interest?  
☑ Yes  
☐ No

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Are there any relevant conflicts of interest?  
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☐ No

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☐ No
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Dr. Lipa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Joshua
2. Surname (Last Name)  Pahys
3. Date  11-June-2018
4. Are you the corresponding author?  No
5. Manuscript Title
   Team Approach: Treatment and Rehabilitation of Patients with Spinal Cord Injury Resulting in Tetraplegia

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.)?  No

Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  Yes

If yes, please fill out the appropriate information below.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Dan  
2. Surname (Last Name)  
   Zlotolow  
3. Date  
   18-December-2017  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title  
   Team Approach: Operative Treatment and Rehabilitation of the Upper Limb in Spinal Cord Injury Patients (Tetraplegia)  
6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
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   No  

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