ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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4. **Intellectual Property.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   brent

2. Surname (Last Name)  
   Bamberger

3. Date  
   20-August-2019

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
amy moore MD

5. Manuscript Title  
   mimickers of carpal tunnel

6. Manuscript Identifying Number (if you know it)

**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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Section 6. Disclosure Statement
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Dr. Bamberger has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jana
2. Surname (Last Name) Dengler
3. Date 22-August-2019

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

Corresponding Author’s Name
Amy M Moore

5. Manuscript Title
Mimickers of Carpal Tunnel Syndrome

6. Manuscript Identifying Number (if you know it)
236976ccc17e7f19

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? ☑ 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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Dr. Dengler has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Stephens

3. Date  
   22-August-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   Corresponding Author’s Name  
   Amy Moore

5. Manuscript Title  
   Mimickers of Carpel Tunnel Syndrome

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-19-00087

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Section 1. Identifying Information

1. Given Name (First Name)  Amy
2. Surname (Last Name)  Moore
3. Date  06-August-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  Mimickers of Carpal Tunnel Syndrome

6. Manuscript Identifying Number (if you know it)  REVIEWS-D-19-00087

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