

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Elfar

3. Date  
26-July-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Pharmacological Attenuation of Electrical Effects in a Model of Compression Neuropathy

6. Manuscript Identifying Number (if you know it)  
JBJS-D-18-00162R1

### 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K08 AR060164-01A
DOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W81XWH-16-1-0725
American Society for Surgery of the Hand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH and Univ of Rochester Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TR000042 and TR000096

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Are there any relevant conflicts of interest?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
4AP for peripheral nerve injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Held by University of Rochester	None

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Elfar reports grants from NIH, grants from DOD, grants from American Society for Surgery of the Hand, grants from NIH and Univ of Rochester Medical Center, during the conduct of the study; In addition, Dr. Elfar has a patent 4AP for peripheral nerve injury issued to Held by University of Rochester.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ranjan	2. Surname (Last Name) Gupta	3. Date 26-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. John Elfar
5. Manuscript Title Pharmacological Attenuation of Electrical Effects in a Model of Compression Neuropathy		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00162R1		

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Dr. Gupta has nothing to disclose.

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1. Given Name (First Name) Maxwell	2. Surname (Last Name) Modrak	3. Date 26-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. John Elfar
5. Manuscript Title Pharmacological Attenuation of Electrical Effects in a Model of Compression Neuropathy		
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Mr. Modrak 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) Leigh	2. Surname (Last Name) Sundem	3. Date 26-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. John Elfar
5. Manuscript Title Pharmacological Attenuation of Electrical Effects in a Model of Compression Neuropathy		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00162R1		

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Dr. Sundem has nothing to disclose.

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1. Given Name (First Name)

Michael

2. Surname (Last Name)

Zuscik

3. Date

26-July-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Dr. John Elfar

5. Manuscript Title

Pharmacological Attenuation of Electrical Effects in a Model of Compression Neuropathy

6. Manuscript Identifying Number (if you know it)

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