

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Avais	2. Surname (Last Name) Raja	3. Date 14-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc Tompkins
5. Manuscript Title Analytics in Sports Medicine: Implications and Responsibilities that Accompany the Era of Big Data		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Raja has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Marc

2. Surname (Last Name)
Tompkins

3. Date
14-November-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Analytics in Sports Medicine: Implications and Responsibilities that Accompany the Era of Big Data

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Tompkins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Baer	3. Date 14-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc Tompkins
5. Manuscript Title Analytics in Sports Medicine: Implications and Responsibilities that Accompany the Era of Big Data		
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1. Given Name (First Name) Michael	2. Surname (Last Name) Stuart	3. Date 14-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marc Tompkins
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