ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Allan
2. Surname (Last Name)  Peljovich
3. Date  16-May-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author’s Name  Mary Claire Manske

5. Manuscript Title
Reconstruction of the Suprascapular Nerve in Brachial Plexus Birth Injury: Comparison of nerve grafting and nerve transfers using the TOBI data base

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00627R1

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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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Dr. Peljovich 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)  
   Mary Claire

2. Surname (Last Name)  
   Manske

3. Date  
   05-May-2019

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

5. Manuscript Title  
   Reconstruction of the Suprascapular Nerve in Brachial Plexus Birth Injury: Comparison of the nerve grafting and nerve transfers using the TOBI data base

6. Manuscript Identifying Number (if you know it)  
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Dr. Manske has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Roger

2. Surname (Last Name)  
   Cornwall

3. Date  
   11-July-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Mary Claire Manske

5. Manuscript Title  
   Reconstruction of the Suprascapular Nerve in Brachial Plexus Birth Injury: Comparison of nerve grafting and nerve transfers using the TOBI data base

6. Manuscript Identifying Number (if you know it)  
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Dr. Cornwall has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andrea
2. Surname (Last Name) Bauer
3. Date 17-May-2019
4. Are you the corresponding author? ☑ No
   corresponding Author’s Name
   M Claire Manske

5. Manuscript Title
   Reconstruction of the Suprascapular Nerve in Brachial Plexus Birth Injury: Comparison of nerve grafting and nerve transfers using the TOBI data base
6. Manuscript Identifying Number (if you know it)
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Dr. Bauer has nothing to disclose.

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Kalish
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Leslie

2. Surname (Last Name)  
   Kalish

3. Date  
   17-May-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   M Claire Manske

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