

## 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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#### 4. Intellectual Property.

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

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### Section 1. Identifying Information

1. Given Name (First Name) Brett	2. Surname (Last Name) Byers	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sahil Kooner
5. Manuscript Title Ipsilateral Deltoid and Hand Compartment Syndrome: A Case Report and Review of the Literature		
6. Manuscript Identifying Number (if you know it) CC-D-19-00289		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Byers 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) Daniella	2. Surname (Last Name) Crocker	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sahil Kooner
5. Manuscript Title Ipsilateral Deltoid and Hand Compartment Syndrome: A Case Report and Review of the Literature		
6. Manuscript Identifying Number (if you know it) CC-D-19-00289		

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Dr. Crocker has nothing to disclose.

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1. Given Name (First Name) Nicholas	2. Surname (Last Name) Desy	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sahil Kooner
5. Manuscript Title Ipsilateral Deltoid and Hand Compartment Syndrome: A Case Report and Review of the Literature		
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### Section 1. Identifying Information

1. Given Name (First Name)  
Sahil

2. Surname (Last Name)  
Kooner

3. Date  
20-August-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Ipsilateral Deltoid and Hand Compartment Syndrome: A Case Report and Review of the Literature

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1. Given Name (First Name) Graeme	2. Surname (Last Name) Matthewson	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sahil Kooner
5. Manuscript Title Ipsilateral Deltoid and Hand Compartment Syndrome: A Case Report and Review of the Literature		
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