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.

1. Identifying information.
2. The work under consideration for publication.

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Other: Anything not covered under the previous three boxes

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Bryce</td>
<td>Bell</td>
<td>26-May-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title
   Neuromuscular Choristoma Variant in the Forearm Presenting as a Posterior Interosseous Nerve Palsy: A Case report

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Dr. Bell has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Eumenia

2. Surname (Last Name)  
   Castro

3. Date  
   26-May-2019

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Behnam Sharareh

5. Manuscript Title  
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1. Given Name (First Name)  
   John  

2. Surname (Last Name)  
   Hicks  

3. Date  
   26-May-2019  

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

   Corresponding Author’s Name  
   Behnam Sharareh  

5. Manuscript Title  
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   Behnam  
2. Surname (Last Name)  
   Sharareh  
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   No  
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