

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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1. Given Name (First Name) William	2. Surname (Last Name) Brady	3. Date 28-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Barry K. Diduch
5. Manuscript Title Management of Head and Neck Injuries in the Helmeted Athlete		
6. Manuscript Identifying Number (if you know it) JBJS REVIEWS-D-15-00077		

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1. Given Name (First Name) Donna	2. Surname (Last Name) Broshek	3. Date 27-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Barry K. Diduch
5. Manuscript Title Management of Head and Neck Injuries in the Helmeted Athlete		
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1. Given Name (First Name) Titus	2. Surname (Last Name) Castens	3. Date 26-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Barry K. Diduch
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Barry

2. Surname (Last Name)  
Diduch

3. Date  
26-August-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Management of Head and Neck Injuries in the Helmeted Athlete

6. Manuscript Identifying Number (if you know it)  
JBJS REVIEWS-D-15-00077

### Section 2. The Work Under Consideration for Publication

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Korin

2. Surname (Last Name)  
Hudson

3. Date  
28-August-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Barry K. Diduch

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
JBJS REVIEWS-D-15-00077

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Miller	3. Date 26-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Barry K. Diduch
5. Manuscript Title Management of Head and Neck Injuries in the Helmeted Athlete		
6. Manuscript Identifying Number (if you know it) JBJS REVIEWS-D-15-00077		

### Section 2. The Work Under Consideration for Publication

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jacob	2. Surname (Last Name) Resch	3. Date 07-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Barry K. Diduch
5. Manuscript Title Management of Head and Neck Injuries in the Helmeted Athlete		
6. Manuscript Identifying Number (if you know it) JBJS REVIEWS-D-15-00077		

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### Section 1. Identifying Information

1. Given Name (First Name) Francis	2. Surname (Last Name) Shen	3. Date 27-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Barry K. Diduch
5. Manuscript Title Management of Head and Neck Injuries in the Helmeted Athlete		
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### Section 1. Identifying Information

1. Given Name (First Name)  
Adam

2. Surname (Last Name)  
Shimer

3. Date  
07-October-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
B. Kent Diduch

5. Manuscript Title  
Head Injury in the High School Athlete

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NuVasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting (product development

### 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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- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

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