

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Austin	2. Surname (Last Name) Heare	3. Date 20-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Justin J. Mitchell
5. Manuscript Title Axillary nerve palsy and deltoid atony: A review of current concepts and management		
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Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Chen

3. Date
20-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Justin J. Mitchell

5. Manuscript Title

Axillary nerve palsy and deltoid atony: A review of current concepts and management

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Justin

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Mitchell

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20-July-2016

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6. Manuscript Identifying Number (if you know it)

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