

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Fowler

3. Date
06-February-2014

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

5. Manuscript Title
A Comparison of Ultrasound and Electrodiagnostic Testing for the Diagnosis of Carpal Tunnel Syndrome Using a Validated Clinical Tool as the Reference Standard

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01250R2

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1. Given Name (First Name)

Rick

2. Surname (Last Name)

Tosti

3. Date

06-February-2014

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☐ Yes

☒ No

Corresponding Author's Name

John Fowler

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1. Given Name (First Name)

Maria

2. Surname (Last Name)

Munsch

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06-February-2014

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☐ Yes

☒ No

Corresponding Author's Name

John Fowler

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Joseph

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Imbriglia

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Hagberg

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