

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Emily

2. Surname (Last Name)
Eismann

3. Date
14-February-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Roger Cornwall

5. Manuscript Title
Glenohumeral Abduction Contracture in Children with Unresolved Neonatal Brachial Plexus Palsy

6. Manuscript Identifying Number (if you know it)

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Dr. Eismann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Roger

2. Surname (Last Name)
Cornwall

3. Date
14-February-2014

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

5. Manuscript Title
Glenohumeral Abduction Contracture in Children with Unresolved Neonatal Brachial Plexus Palsy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Tal	2. Surname (Last Name) Laor	3. Date 14-February-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Roger Cornwall
5. Manuscript Title Glenohumeral Abduction Contracture in Children with Unresolved Neonatal Brachial Plexus Palsy		
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