ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name): Benjamin
2. Surname (Last Name): Potter
3. Date: 01-September-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Jason Souza

5. Manuscript Title: Practice Patterns and Pain Outcomes for Targeted Muscle Reinnervation: An Informed Approach to Targeted Muscle Reinnervation Use in the Acute Amputation Setting
6. Manuscript Identifying Number (if you know it): JBJS-D-20-01005

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. Potter has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Jason
2. Surname (Last Name): Souza
3. Date: 01-September-2020
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title: Practice Patterns and Pain Outcomes for Targeted Muscle Reinnervation: An Informed Approach to Targeted Muscle Reinnervation Use in the Acute Amputation Setting
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1. Given Name (First Name)
Jeffery

2. Surname (Last Name)
Gibson

3. Date
01-September-2020

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

Corresponding Author's Name
Jason Souza

5. Manuscript Title
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Benjamin

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Hoyt

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01-September-2020

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Corresponding Author's Name
Jason Souza

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