

## 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.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Margolis	3. Date 18-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lisa Truchan
5. Manuscript Title Brachial plexopathy following use of recombinant human bone morphogenetic protein-2 for treatment of atrophic delayed union of the clavicle		
6. Manuscript Identifying Number (if you know it)  		

### 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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Margolis has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Matthews	3. Date 18-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lisa Truchan
5. Manuscript Title Brachial plexopathy following use of recombinant human bone morphogenetic protein-2 for treatment of atrophic delayed union of the clavicle		
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### 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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Dr. Matthews has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Truchan

3. Date

18-September-2014

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

Brachial plexopathy following use of recombinant human bone morphogenetic protein-2 for treatment of atrophic delayed union of the clavicle

6. Manuscript Identifying Number (if you know it)

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Yes



No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eileen

2. Surname (Last Name)  
Wu

3. Date  
18-September-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Lisa Truchan

5. Manuscript Title  
Brachial plexopathy following use of recombinant human bone morphogenetic protein-2 for treatment of atrophic delayed union of the clavicle

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