

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

Cohen

3. Date

11-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Roman Hayda

5. Manuscript Title

Deltoid Compartment syndrome after prolonged lateral decubitus positioning

6. Manuscript Identifying Number (if you know it)

### 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. Cohen 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)  
Matt

2. Surname (Last Name)  
McDonnell

3. Date  
11-July-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Roman Hayda

5. Manuscript Title  
Deltoid Compartment syndrome after prolonged lateral decubitus positioning

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. McDonnell 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)  
Roman

2. Surname (Last Name)  
Hayda

3. Date  
11-July-2014

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

5. Manuscript Title  
Deltoid Compartment syndrome after prolonged lateral decubitus positioning

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Robin

2. Surname (Last Name)  
Kamal

3. Date  
11-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Roman Hayda

5. Manuscript Title  
Deltoid Compartment syndrome after prolonged lateral decubitus positioning

6. Manuscript Identifying Number (if you know it)

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Dr. Kamal has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Todd

2. Surname (Last Name)  
Borenstein

3. Date  
11-July-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Roman Hayda

5. Manuscript Title  
Deltoid Compartment syndrome after prolonged lateral decubitus positioning

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