

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Timothy

2. Surname (Last Name)
Moore

3. Date
05-January-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Iyoo U Davidson

5. Manuscript Title
Post Traumatic Cervical Charcot

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Moore 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) Daniel J.	2. Surname (Last Name) Quinones	3. Date 05-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		
Corresponding Author's Name _____		
5. Manuscript Title Post Traumatic Cervical Charcot		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Quinones 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)
lyooh

2. Surname (Last Name)
Davidson

3. Date
29-November-2018

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

5. Manuscript Title
Post-Traumatic Cervical Charcot

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Davidson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Colin	2. Surname (Last Name) Haines	3. Date 05-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Iyoo U Davidson
5. Manuscript Title Post Traumatic Cervical Charcot		
6. Manuscript Identifying Number (if you know it)		

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Dr. Haines has nothing to disclose.

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Michael

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Keith

3. Date
05-January-2019

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☐ Yes ☒ No

Corresponding Author's Name
Iyoo U Davidson

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Dr. Keith has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

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1. Given Name (First Name) Kevin	2. Surname (Last Name) Kilgore	3. Date 05-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Iyoo U Davidson
5. Manuscript Title Post Cervical Charcot Arthropathy		
6. Manuscript Identifying Number (if you know it)		

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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.)?

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Dr. Kilgore has nothing to disclose.

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