

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Bryce

2. Surname (Last Name)  
Bell

3. Date  
26-May-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Behnam Sharareh

5. Manuscript Title

Neuromuscular Choristoma Variant in the Forearm Presenting as a Posterior Interosseous Nerve Palsy: A Case report

6. Manuscript Identifying Number (if you know it)

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Dr. Bell has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Eumenia

2. Surname (Last Name)  
Castro

3. Date  
26-May-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Behnam Sharareh

5. Manuscript Title  
Neuromuscular Choristoma Variant in the Forearm Presenting as a Posterior Interosseous Nerve Palsy: A Case report

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Dr. Castro has nothing to disclose.

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1. Given Name (First Name)  
John

2. Surname (Last Name)  
Hicks

3. Date  
26-May-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Behnam Sharareh

5. Manuscript Title  
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1. Given Name (First Name)  
Behnam

2. Surname (Last Name)  
Sharareh

3. Date  
26-May-2019

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

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