

#### 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.

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## 2. The work under consideration for publication.

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## 4. Intellectual Property.

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

### 5. Relationships not covered above.

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



Section 1. 1. Given Name (First N Jondy	<b>lentifying Inform</b> Name)	2. Surname (Last Nam	e)	3. Date 16-January-2017
4. Are you the corresp	ponding author?	Yes 🖌 No	Corresponding Author's Na Joseph Humpherys	ime
Motocross Riders	nt and Management ving Number (if you kn		Compartment Syndrome of th	e Forearm, Arm Pump, in
Section 2.	ne Work Under Co	onsideration for Pu	blication	

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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
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# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, penuing of issued, broadly relevant to the work?     res   $\mathbf{v}$   no	e any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	🖌 No
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Dr. Cohen has nothing to disclose.

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Section 1.	Identifying Info	mation	
1. Given Name (Fi Joseph	rst Name)	2. Surname (Last Name) Humpherys	3. Date 16-January-2017
4. Are you the cor	responding author?	✓ Yes No	
Motocross Rider	ment and Manageme	ent of Chronic Exertional Compartment S	yndrome of the Forearm, Arm Pump, in

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Dr. Humpherys has nothing to disclose.

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1. Given Name (First Name) Zachary	2. Surname (Last Name) Lum	3. Date 16-January-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Joseph Humpherys
5. Manuscript Title Diagnosis, Treatment and Managemer Motocross Riders	nt of Chronic Exertional Co	mpartment Syndrome of the Forearm, Arm Pump, in
6. Manuscript Identifying Number (if you k	(now it)	_
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