

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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Section 1. Identify	ying Information	
1. Given Name (First Name) Christian	2. Surname (Last Name Merrill) 3. Date 16-November-2017
4. Are you the corresponding	author? Yes 🖌 No	Corresponding Author's Name Isaac Moss
5. Manuscript Title Team Approach: Upper Ex	tremity Numbness	

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

\checkmark	NO	

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No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	\checkmark	No



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Section 6. Disclosure Statement

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Dr. Merrill has nothing to disclose.

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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Anthony	2. Surname (Last Name) Parrino	3. Date 05-December-201
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Isaac Moss
5. Manuscript Title Team Approach: Upper Extremity Nu	mbness	

Section 2. The Work Under Consideration for Publication

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✓ No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🖌 No

Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (Fi Joel	rst Name)	2. Surnar Ferreira	ne (Last Name)		Date 7-November-2017
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Name Isaac Moss	
5. Manuscript Title Team Approach:	e Upper Extremity Num	nbness			
6. Manuscript Ide	ntifying Number (if you ki	now it)			

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4. Are you the corresponding author?		✓ Yes No	
5. Manuscript Title Team Approach:	Upper Extremity Nun	nbness	
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support <mark>?</mark>	Other?	Comments	
Stryker		\checkmark				
Nuvasive		\checkmark				
Spineart		\checkmark				
Pfizer		\checkmark				
Atlas Spine		\checkmark				



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Dr. Moss reports personal fees from Stryker, personal fees from Nuvasive, personal fees from Spineart , personal fees from Pfizer, personal fees from Atlas Spine, outside the submitted work; .

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