

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) brent	2. Surname (Last Name) Bamberger	3. Date 20-August-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name amy moore MD
5. Manuscript Title mimickers of carpal tunnel		
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 ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Bamberger has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jana

2. Surname (Last Name)

Dengler

3. Date

22-August-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Amy M Moore

5. Manuscript Title

Mimickers of Carpal Tunnel Syndrome

6. Manuscript Identifying Number (if you know it)

236976ccc17e7f19

### 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 ☒ No

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Dr. Dengler 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) Joseph	2. Surname (Last Name) Stephens	3. Date 22-August-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amy Moore
5. Manuscript Title Mimickers of Carpel Tunnel Syndrome		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00087		

### Section 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)

Amy

2. Surname (Last Name)

Moore

3. Date

06-August-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Mimickers of Carpal Tunnel Syndrome

6. Manuscript Identifying Number (if you know it)

REVIEWS-D-19-00087

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Dr. Moore has nothing to disclose.

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