Date:	Oct, 25 th , 2021	
Your Name:	Wistian 6	velle
Manuscript Title:	" Surgical anatomy of the radi	ial nerve at the dorsal humerus – a cadaveric study"
Manuscript number (if known):	21-00482
related to the content parties whose interest to transparency and of	t of your manuscript. "Related sts may be affected by the conf	ose all relationships/activities/interests listed below that are I'' means any relation with for-profit or not-for-profit third tent of the manuscript. Disclosure represents a commitment bias. If you are in doubt about whether to list a you do so.
The following question manuscript only.	ons apply to the author's relation	onships/activities/interests as they relate to the current
to the epidemiology	ships/activities/interests shou of hypertension, you should de nat medication is not mentione	Id be <u>defined broadly</u> . For example, if your manuscript pertains eclare all relationships with manufacturers of antihypertensive ed in the manuscript.
In item #1 below, rep the time frame for di	ort all support for the work resclosure is the past 36 months.	ported in this manuscript without time limit. For all other items, .
	Name all entities with whom you have this	(e.g., if payments were made to you or to your

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
no de		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None	
lectures, presentations,		
manuscript writing or		
	None	
testimony		
	None	
meetings and/or travel		
Patents planned issued as	× No.	
pending	None	
Participation on a Data Safety Monitoring Board or Advisory Board	× None	
Leadership or fiduciary role	None	
	V.,	
Stock of Stock options	None	
Receipt of equipment,	None	
materials, drugs, medical		
writing, gifts or other		
services		
	None	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None

form.	ave answered every question and have p	/ which the wording	or any or the questic	on the
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Date:	Oct, 25 th	, 2021		
Your Name:				
Manuscript Title:	_ " Surgical anatom	ny of the radial nerve at t	he dorsal humerus – a cadaveric study"	
Manuscript numbe	r (if known):	21-00482		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Halle, October 25 th 2021 Prof. Dr. Faramarz Dehghani

Date:	Oct, 25 th	, 2021		
Your Name:	Marin	Jaklen		
Manuscript Title: ":	Surgical anatom	ny of the radial n	erve at the dor	rsal humerus – a cadaveric study"
Manuscript number (if I				
related to the content of	f your manuscri	ipt. "Related" me	eans any relati	s/activities/interests listed below that are on with for-profit or not-for-profit third cript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

relationship/activity/interest, it is preferable that you do so.

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a cas		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_None	
	。	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	K_None	
3	Royalties or licenses	<u>≪</u> None	
4	Consulting fees	_ac_None	

5	Payment or honoraria for lectures, presentations,	None
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	<u>∠</u> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	<u>X</u> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	
13	Other financial or non-financial interests	None

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

25th Qt. 2021

Date:	Oct, 25 th , 2021
Your Name:	Roslind K. Hackenberg
Manuscript Title:	_ " Surgical anatomy of the radial nerve at the dorsal humerus – a cadaveric study" _
Manuscript number	(if known): 21-00482

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	以有效多数定量。在10年10年70日	Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
	COLUMN TORSES OF THE	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
Treasure.			
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

I certify that I have answered every question and have not altered the wording of any of the questions on this 10/25/2021 R.Haccac

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	our Name: Kor		
N	lanuscript Title: " Surgice	al anatomy of the radial n	erve at the dorsal humerus – a cadaveric study"
N	lanuscript number (if known):21-0	00482
Ti m	elated to the content of your arties whose interests may be transparency and does not elationship/activity/interest, ne following questions apply anuscript only. The author's relationships/activity of hypert edication, even if that medication, even if that medication.	manuscript. "Related" more affected by the content necessarily indicate a biast it is preferable that you do to the author's relationship tivities/interests should be tension, you should declar cation is not mentioned in apport for the work report	hips/activities/interests as they relate to the current e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	LANGE OF STREET	Time frame: Since the initia	al planning of the work
	All support for the present	None None	or prairing of the work
	manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	processing charges, etc.)		
	processing charges, etc.)		
	processing charges, etc.)	Time frame: pas	at 36 months
	processing charges, etc.) No time limit for this item.	Time frame: pas	st 36 months
	processing charges, etc.) No time limit for this item. Grants or contracts from	Time frame: pas	st 36 months
	Processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	,	at 36 months
	Processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	None	st 36 months
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	Processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	None	at 36 months
	Processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	None	at 36 months

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
		, , , , , , , , , , , , , , , , ,	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

I certify that I have answered every question and have not altered the wording of any of the questions on this form. OUT 28th 21 Mlle for

Date: 25.16.21	Oct, 25	th, 2021		
Your Name:	Christian	Prange &	p	
Manuscript Title:	" Surgical anato	my of the radial	nerve at the d	orsal humerus – a cadaveric study" _
Manuscript number			-00482	

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Sept.		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
	产加热效应	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	<u>ð</u> None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	8 None	
9	Participation on a Data	× None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	<u>X</u> None	

___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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