Date: <u>3/21/2023</u> Your Name: <u>Hamzeh Jajeh</u> Manuscript Title: <u>A Clinical Review of Hand Manifestations of Cervical Myelopathy, Cervical Radiculopathy, Radial,</u> <u>Ulnar, and Median Nerve Neuropathies</u> Manuscript number (if known): JSS-23-39

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.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
з	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	None	
0	testimony		
	testimony		
7	Support for attending	None	
-	meetings and/or travel		
	<b>U</b> <i>Y</i>		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

# Date:\_\_\_\_3/21/23

Your Name: Anderson Lee

Manuscript Title: A Clinical Review of Hand Manifestations of Cervical Myelopathy, Cervical Radiculopathy, Radial, Ulnar, and Median Nerve Neuropathies Manuscript number (if known): JSS-23-39

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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 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 None
13	Other financial or non- financial interests	None None

None

Please place an "X" next to the following statement to indicate your agreement:

Date: 3/21/2023

Your Name: Richy Charles

**Manuscript Title:** A Clinical Review of Hand Manifestations of Cervical Myelopathy, Cervical Radiculopathy, Radial, Ulnar, and Median Nerve Neuropathies

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3	Royalties or licenses	None	
4	Consulting fees	None	
F		Neg	
5		None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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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	

None

Please place an "X" next to the following statement to indicate your agreement:

Date: 3/21/2023

Your Name: Megan Coffin

**Manuscript Title:** A Clinical Review of Hand Manifestations of Cervical Myelopathy, Cervical Radiculopathy, Radial, Ulnar, and Median Nerve Neuropathies

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		Time frame: past	26 months
2	Country on a state of a sure		So 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		None	

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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	

None

Please place an "X" next to the following statement to indicate your agreement:

Date: 08/28/2023

Your Name: Ambika Sood

**Manuscript Title:** A Clinical Review of Hand Manifestations of Cervical Myelopathy, Cervical Radiculopathy, Radial, Ulnar, and Median Nerve Neuropathies

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4	Consulting fees	None	
5		None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

None

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Date: 3/21/2023

Your Name: Hossein Elgafy

**Manuscript Title:** A Clinical Review of Hand Manifestations of Cervical Myelopathy, Cervical Radiculopathy, Radial, Ulnar, and Median Nerve Neuropathies

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