

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cornelis	2. Surname (Last Name) Vos	3. Date 18-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jean-Paul P. M. de Vries
5. Manuscript Title Thoracic outlet syndrome: first rib resection		
6. Manuscript Identifying Number (if you know it) SHC-2017-OTS-02		

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Dr. Vos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Çağdaş

2. Surname (Last Name)
Ünlü

3. Date
18-March-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jean-Paul P. M. de Vries

5. Manuscript Title
Thoracic outlet syndrome: first rib resection

6. Manuscript Identifying Number (if you know it)
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Dr. Ünlü has nothing to disclose.

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1. Given Name (First Name) Michiel	2. Surname (Last Name) Voûte	3. Date 18-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jean-Paul P. M. de Vries
5. Manuscript Title Thoracic outlet syndrome: first rib resection		
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1. Given Name (First Name)
Rob

2. Surname (Last Name)
van de Mortel

3. Date
18-March-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jean-Paul P. M. de Vries

5. Manuscript Title
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Jean-Paul

2. Surname (Last Name)

de Vries

3. Date

18-March-2017

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Yes No

5. Manuscript Title

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