

ICMJE DISCLOSURE FORM

Date: August 21, 2023

Your Name: Sharon Tsuk

Manuscript Title The Effect of Transcutaneous Median Nerve Stimulation on Heart Rate Variability in Healthy Young Adults

Manuscript number (if known): _____

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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		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			
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Time frame: past 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 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 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	

Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: November 16th, 2023

Your Name: Guy Weiss

Manuscript Title The Effect of Transcutaneous Median Nerve Stimulation on Heart Rate Variability in Healthy Young Adults

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: November 8, 2023

Your Name: Roe Amedi

Manuscript Title: The Effect of Transcutaneous Median Nerve Stimulation on Heart Rate Variability in Healthy Young Adults

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: August 21, 2023

Your Name: Omer Glixman

Manuscript Title The Effect of Transcutaneous Median Nerve Stimulation on Heart Rate Variability in Healthy Young Adults

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ICMJE DISCLOSURE FORM

Date: August 21, 2023

Your Name: May Essel

Manuscript Title The Effect of Transcutaneous Median Nerve Stimulation on Heart Rate Variability in Healthy Young Adults

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ICMJE DISCLOSURE FORM

Date: August 21, 2023

Your Name: Liza Grosman-Rimon

Manuscript Title The Effect of Transcutaneous Median Nerve Stimulation on Heart Rate Variability in Healthy Young Adults

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _November 16th, 2023

Your Name: Refael Carasso

Manuscript Title The Effect of Transcutaneous Median Nerve Stimulation on Heart Rate Variability in Healthy Young Adults

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _November 16th, 2023

Your Name: Aviva Zeev

Manuscript Title The Effect of Transcutaneous Median Nerve Stimulation on Heart Rate Variability in Healthy Young Adults

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ICMJE DISCLOSURE FORM

Date: November 15, 2023

Your Name: Arie Rotstein

Manuscript Title The Effect of Transcutaneous Median Nerve Stimulation on Heart Rate Variability in Healthy Young Adults

Manuscript number (if known): _____

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