

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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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

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Royalties: Funds are coming in to you or your institution due to your patent



Section 1.			
Section 1.	Identifying Inforn	nation	
1. Given Name (Fin Amiya	rst Name)	2. Surname (Last Name) Bhaumik	3. Date 16-April-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Eric Chun Pu Chu
5. Manuscript Title Secondary atlant		solated cervical dystonia-	—a case report
6. Manuscript Ider ACR-19-206	ntifying Number (if you ki	now it)	
Section 2.	The Work Under C	onsideration for Publ	ication
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, c	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,

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Are there any relevant conflicts of interest? Ye	s 🗸	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	✓ No)
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Section 6. Disclosure Statement

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Dr. Bhaumik has nothing to disclose.

Evaluation and Feedback

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1. Given Name (Fi Eric Chun Pu	rst Name)	2. Surname (Last Name) Chu	3. Date 16-April-2020
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Secondary atlan		isolated cervical dystonia—a case report	
6. Manuscript Ider ACR-19-206	ntifying Number (if you l	know it)	
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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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes	
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1. Given Name (F Fa-Sain	irst Name)	2. Surnar Lo	ne (Last Name)		Date 5-April-2020
4. Are you the co	rresponding author?	Yes	✓ No	Corresponding Author's Name Eric Chun Pu Chu	
5. Manuscript Titl Secondary atlan	e toaxial subluxation ir	isolated cer	vical dystonia	—a case report	
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