

## ICMJE DISCLOSURE FORM

**Date:** 8/28/2022

**Your Name:** Peter Ahorukomeye

**Manuscript Title:** Parsonage Turner Syndrome after Cervical Trauma and COVID-19 Infection: A Case Report and Review of the Literature.

**Manuscript Number (if known):** ACR-22-33-R1

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 author's relationships/activities/interests should be defined broadly. 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.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 8/28/2022

**Your Name:** [Caroline Pennacchio]

**Manuscript Title:** [Parsonage Turner Syndrome after Cervical Trauma and COVID-19 Infection: A Case Report and Review of the Literature.]

**Manuscript Number (if known):** ACR-22-33-R1

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## ICMJE DISCLOSURE FORM

**Date:** 8/28/2022

**Your Name:** David Preston, MD FAAN

**Manuscript Title:** Parsonage Turner Syndrome after Cervical Trauma and COVID-19 Infection: A Case Report and Review of the Literature.

**Manuscript Number (if known):** ACR-22-33-R1

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**Date:** 8/28/2022

**Your Name:** [Christina Cheng, MD]

**Manuscript Title:** [Parsonage Turner Syndrome after Cervical Trauma and COVID-19 Infection: A Case Report and Review of the Literature.]

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