

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name)

Manfred

2. Surname (Last Name)

Hofer

3. Date

17-June-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Isam Atroshi

5. Manuscript Title

"Methylprednisolone injection for moderately severe carpal tunnel syndrome: a randomized double-blind placebo-controlled trial"

6. Manuscript Identifying Number (if you know it)

M12-3068

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Mr. Hofer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jonas

2. Surname (Last Name)

Ranstam

3. Date

13-June-2013

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Isam Atroshi

5. Manuscript Title

Methylprednisolone injection for moderately severe carpal tunnel syndrome: a randomized double-blind placebo-controlled trial

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1. Given Name (First Name)

Isam

2. Surname (Last Name)

Atroshi

3. Date

13-June-2013

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Region of Scania Research and Development Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Atroshi reports grants from Region of Scania Research and Development Foundation, during the conduct of the study; .

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Magnus

2. Surname (Last Name)
Flondell

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17-June-2013

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☐ Yes

☒ No

Corresponding Author's Name
Isam Atroshi

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