ICMJE Form for Disclosure of Potential Conflicts of Interest

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Stephenson
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katie
2. Surname (Last Name) Stephenson
3. Date 30-March-2020
4. Are you the corresponding author? ☐ Yes ☑ No

5. Manuscript Title
Clinical Considerations for the Assessment, Management, and Treatment of Concussion in Females

6. Manuscript Identifying Number (if you know it)
AOJ-2020-SRI-05(AOJ-20-43)

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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
Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Stephenson has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Melissa
2. Surname (Last Name) Womble
3. Date 31-March-2020
4. Are you the corresponding author? ✔ Yes ☐ No
5. Manuscript Title Clinical Considerations for the Assessment, Management, and Treatment of Concussion in Females
6. Manuscript Identifying Number (if you know it) AOJ-2020-SRI-05(AOJ-20-43)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Womble reports grants from Brainscope, Inc., outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Nadia
2. Surname (Last Name) Hawa
3. Date 09-April-2020
4. Are you the corresponding author? Yes
5. Manuscript Title
   Clinical Considerations for the Assessment, Management, and Treatment of Concussion in Females
6. Manuscript Identifying Number (if you know it)
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

Hawa
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Ms. Hawa has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Elbin

3. Date  
   30-March-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Clinical Considerations for the Assessment, Management, and Treatment of Concussion in Females

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Are there any relevant conflicts of interest?  
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   No

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Dr. Elbin reports grants from Brainscope, Inc., during the conduct of the study; personal fees from Brainscope, Inc., outside the submitted work; .

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