

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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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

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

Corresponding Author's Name

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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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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

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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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Brainscope, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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

No

Corresponding Author's Name

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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Yes

No

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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? 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
Brainscope, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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