

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rajeev	2. Surname (Last Name) Kansay	3. Date 01-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name anmol sharma
5. Manuscript Title A novel method for removal of broken intramedullary interlocking nail with a subtrochanteric fracture : A case report		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Kansay has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ashwani

2. Surname (Last Name)

Soni

3. Date

01-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

anmol sharma

5. Manuscript Title

A novel method for removal of broken intramedullary interlocking nail with a subtrochanteric fracture : A case report

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Deepam	2. Surname (Last Name) Vashist	3. Date 01-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name anmol sharma
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Section 1. Identifying Information

1. Given Name (First Name)
anmol

2. Surname (Last Name)
sharma

3. Date
18-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
A novel method for removal of broken intramedullary interlocking nail with a subtrochanteric fracture : A case report

6. Manuscript Identifying Number (if you know it)
ccd001082

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