

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Hayati	2. Surname (Last Name) Durmaz	3. Date 22-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Serkan Bayram
5. Manuscript Title Rare complication of distal radius fracture with percutaneous fixation: A case report on distal radioulnar synostosis		
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1. Given Name (First Name) Necmettin	2. Surname (Last Name) Turgut	3. Date 22-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Serkan Bayram
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1. Given Name (First Name)
Serkan

2. Surname (Last Name)
Bayram

3. Date
22-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Rare complication of distal radius fracture with percutaneous fixation: A case report on distal radioulnar synostosis

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