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.

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2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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**Non-Financial Support:** examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** anything not covered under the previous three boxes

**Pending:** the patent has been filed but not issued

**Issued:** the patent has been issued by the agency

**Licensed:** the patent has been licensed to an entity, whether earning royalties or not

**Royalties:** funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name)  Lunati
3. Date  29-July-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Jacob M Wilson
5. Manuscript Title
   Tibial Plateau Fracture with Ipsilateral Syndesmotic Injury- A Previously Undescribed Maisonneuve-Equivalent Injury Pattern: A Case Report
6. Manuscript Identifying Number (if you know it)
   CC-D-19-00280

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Lunati has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Moore Jr.

3. Date  
   29-July-2019

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Jacob M Wilson

5. Manuscript Title  
   Tibial Plateau Fracture with Ipsilateral Syndesmotic Injury- A Previously Undescribed Maisonneuve-Equivalent Injury Pattern: A Case Report

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Section 2. The Work Under Consideration for Publication

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Dr. Moore Jr. has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jacob
2. Surname (Last Name)  Wilson
3. Date  29-July-2019
4. Are you the corresponding author?  Yes  No
6. Manuscript Identifying Number (if you know it)  CC-D-19-00280

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Dr. Wilson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Nathan
2. Surname (Last Name)     Kukowski
3. Date  29-July-2019

4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Jacob M Wilson

5. Manuscript Title
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