

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) Aryan	2. Surname (Last Name) Sharma	3. Date 18-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Subodh Kumar Pathak
5. Manuscript Title Tibia Bent nail with refracture: Case report of cost effective removal method and literature review		
6. Manuscript Identifying Number (if you know it) CC-D-19-00542		

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Are there any relevant conflicts of interest? Yes No

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Dr. Gautam has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Rakesh	2. Surname (Last Name) Gautam	3. Date 18-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Subodh Kumar Pathak
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1. Given Name (First Name) Rashid	2. Surname (Last Name) Anjum	3. Date 17-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Subodh Kumar Pathak
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1. Given Name (First Name)
Subodh Kumar

2. Surname (Last Name)
Pathak

3. Date
18-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Tibia Bent nail with refracture: Case report of cost effective removal method and literature review

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