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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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
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<td>3. Date</td>
<td>18-November-2019</td>
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| 4. Are you the corresponding author? | Yes ☐ No √ |

**Corresponding Author’s Name**
Subodh Kumar Pathak

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

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Dr. Gautam has nothing to disclose.

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1. Given Name (First Name)  
   Rakesh  
2. Surname (Last Name)  
   Gautam  
3. Date  
   18-November-2019  
4. Are you the corresponding author?  
   Yes ☑️ No  
   Corresponding Author’s Name  
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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?  Yes ☑ 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
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