

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)
Ante

2. Surname (Last Name)
Prkic

3. Date
29-September-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Total Elbow Arthroplasty; why and how.

6. Manuscript Identifying Number (if you know it)

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Dr. Prkic has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bertram	2. Surname (Last Name) The	3. Date 29-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ante Prkic
5. Manuscript Title Total Elbow Arthroplasty; why and how.		
6. Manuscript Identifying Number (if you know it)		

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Dr. The has nothing to disclose.

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1. Given Name (First Name)

Denise

2. Surname (Last Name)

Eygendaal

3. Date

29-September-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ante Prkic

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1. Given Name (First Name) Maarten	2. Surname (Last Name) de Vos	3. Date 29-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ante Prkic
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