

## 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) NIKOLAOS	2. Surname (Last Name) KANAKARIS	3. Date 11-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title The Kocher-Langenbeck Approach: State of the Art _____		
6. Manuscript Identifying Number (if you know it) ST-D-16-00102R1 _____		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Dr. KANAKARIS has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
PETER

2. Surname (Last Name)  
GIANNOUDIS

3. Date  
11-July-2017

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

5. Manuscript Title  
The Kocher-Langenbeck Approach: State of the Art

6. Manuscript Identifying Number (if you know it)  
ST-D-16-00102R1

### Section 2. The Work Under Consideration for Publication

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Dr. GIANNOUDIS has nothing to disclose.

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1. Given Name (First Name)  
THEODOROS

2. Surname (Last Name)  
TOSOUNIDIS

3. Date  
11-July-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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VASILIOS

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GIANNOUDIS

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