

## 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) Armando Augusto	2. Surname (Last Name) de Almeida Teixeira	3. Date 10-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Induced Membrane Technique in the Management of Posttraumatic Bone Defects	_____	
6. Manuscript Identifying Number (if you know it)	_____	

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Dr. de Almeida Teixeira has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alexander	2. Surname (Last Name) Joeris	3. Date 10-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matheus Azi
5. Manuscript Title Induced Membrane Technique in the Management of Posttraumatic Bone Defects		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Mauricio	2. Surname (Last Name) Kfuri	3. Date 10-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Induced Membrane Technique in the Management of Posttraumatic Bone Defects		
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Dr. Kfuri has nothing to disclose.

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1. Given Name (First Name)  
Matheus

2. Surname (Last Name)  
Azi

3. Date  
10-October-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Induced Membrane Technique in the Management of Posttraumatic Bone Defects

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Dr. Azi has nothing to disclose.

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1. Given Name (First Name) Ricardo	2. Surname (Last Name) Britto Cotias	3. Date 10-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
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