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)  Ivan
2. Surname (Last Name)  Puente
3. Date  15-May-2019
4. Are you the corresponding author?  □ Yes  ✔ No
Corresponding Author’s Name
Alexander A Fokin M.D., PhD.

5. Manuscript Title
Surgical Stabilization of Rib Fractures. Indications, Techniques, Pitfalls.

6. Manuscript Identifying Number (if you know it)
ST-D-19-00005

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Puente has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Joanna

2. **Surname (Last Name)**
   Wycech

3. **Date**
   15-May-2019

4. **Are you the corresponding author?**
   [ ] Yes  [✓] No
   **Corresponding Author’s Name**
   Alexander A Fokin M.D., PhD.

5. **Manuscript Title**
   Surgical Stabilization of Rib Fractures. Indications, Techniques, Pitfalls.

6. **Manuscript Identifying Number (if you know it)**
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### Section 2. The Work Under Consideration for Publication

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### Section 4. Intellectual Property -- Patents & Copyrights

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Joanna Wycech, MS, has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Eugenio

2. Surname (Last Name)  
   Rodriguez

3. Date  
   15-May-2019

4. Are you the corresponding author?  
   Yes ☐ No ☑  
   Corresponding Author’s Name  
   Alexander A Fokin, M.D., PhD.

5. Manuscript Title  
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Dr. Rodriguez has nothing to disclose.

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Nir

2. Surname (Last Name)  
Hus

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15-May-2019

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Corresponding Author’s Name  
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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. Hus reports personal fees from DuPuy Synthes, personal fees from AtriCure, and personal fees from ACell outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alexander A

2. Surname (Last Name)  
   Fokin

3. Date  
   15-May-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

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