

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)

Denise

2. Surname (Last Name)

Eyghendaal

3. Date

13-September-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

C.L. Welsink

5. Manuscript Title

Total Elbow Arthroplasty: A Systematic Review of the Results of the Past 12 Years

6. Manuscript Identifying Number (if you know it)

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Dr. Eygendaal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kaj	2. Surname (Last Name) Lambers	3. Date 13-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name C.L. Welsink
5. Manuscript Title Total Elbow Arthroplasty: A Systematic Review of the Results of the Past 12 Years		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Lambers has nothing to disclose.

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1. Given Name (First Name) Michel	2. Surname (Last Name) van den Bekerom	3. Date 13-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name C.L. Welsink
5. Manuscript Title Total Elbow Arthroplasty: A Systematic Review of the Results of the Past 12 Years		
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Chantal

2. Surname (Last Name)

Welsink

3. Date

13-September-2016

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Yes No

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