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)**  
   Thierry

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

3. **Date**  
   26-August-2015

4. **Are you the corresponding author?**  
   [ ] Yes  [✓] No

   **Corresponding Author’s Name**  
   CAMUZARD Olivier

5. **Manuscript Title**  
   Inferior Cubital Artery Perforator Flap for Soft-Tissue Coverage of the Elbow: Anatomical Study and Clinical Application

6. **Manuscript Identifying Number (if you know it)**  
   JBJS-D-15-00760

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1. Given Name (First Name) 
Nicolas

2. Surname (Last Name) 
BRONSARD

3. Date 
26-August-2015

4. Are you the corresponding author? 
☑️ No

Corresponding Author’s Name
CAMUZARD Olivier

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1. Given Name (First Name)  Olivier
2. Surname (Last Name) CAMUZARD
3. Date 26-August-2015
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   - Cyril

2. **Surname (Last Name)**
   - CLERICO

3. **Date**
   - 26-August-2015

4. **Are you the corresponding author?**
   - Yes ☑

5. **Manuscript Title**
   - Inferior Cubital Artery Perforator Flap for Soft-Tissue Coverage of the Elbow: Anatomical Study and Clinical Application

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<th>3. Date</th>
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<td>DE PERETTI</td>
<td>26-August-2015</td>
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CAMUZARD Olivier

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Jonathan

2. Surname (Last Name)  
FERNANDEZ

3. Date  
26-August-2015

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
CAMUZARD Olivier

5. Manuscript Title  
Inferior Cubital Artery Perforator Flap for Soft-Tissue Coverage of the Elbow: Anatomical Study and Clinical Application

6. Manuscript Identifying Number (if you know it)  
JBJS-D-15-00760

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Are there any relevant conflicts of interest?  
No

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No

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FOISSAC
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Rémi
2. Surname (Last Name)  FOISSAC
3. Date  26-August-2015

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  CAMUZARD Olivier

5. Manuscript Title
Inferior Cubital Artery Perforator Flap for Soft-Tissue Coverage of the Elbow: Anatomical Study and Clinical Application

6. Manuscript Identifying Number (if you know it)
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GEORGIOU
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Charalambos

2. Surname (Last Name)  
GEORGIOU

3. Date  
26-August-2015

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
CAMUZARD Olivier

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Tarik
2. Surname (Last Name)  IHRAI
3. Date  26-August-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  CAMUZARD Olivier
5. Manuscript Title  Inferior Cubital Artery Perforator Flap for Soft-Tissue Coverage of the Elbow: Anatomical Study and Clinical Application
6. Manuscript Identifying Number (if you know it)  JBJS-D-15-00760

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Section 1. Identifying Information

1. Given Name (First Name)  
Pascal  

2. Surname (Last Name)  
Boileau  

3. Date  
26-August-2015  

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

Corresponding Author’s Name  
Olivier Camuzard

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

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JBJS-D-15-00760

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.)?

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Disclosure Statement

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