ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ian

2. Surname (Last Name)  
   Mayne

3. Date  
   17-August-2015

4. Are you the corresponding author?  
   - Yes
   - No  
   ✔ No  

Corresponding Author’s Name  
M. Lucas Murnaghan

5. Manuscript Title  
Development and assessment of a distal radius fracture model as a clinical teaching tool

6. Manuscript Identifying Number (if you know it)  
JBJS-D-15-00565R1

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- Yes  
- No  
✔ Yes

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joel

2. Surname (Last Name)  
   Moktar

3. Date  
   17-August-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

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Moktar
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   M. Lucas

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   Murnaghan

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   Ryan

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   Brydges

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