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)  
   Gokhan

2. Surname (Last Name)  
   Demirkiran

3. Date  
   29-December-2016

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Muharrem Yazici, MD

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

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

Corresponding Author’s Name

Muharrem Yazici, MD

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

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Mehmet

2. Surname (Last Name)  
Ayvaz

3. Date  
30-December-2016

4. Are you the corresponding author?  
[ ] Yes  [ ] No  
Corresponding Author’s Name  
Muharrem Yazici, MD

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<td>Yazici</td>
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1. Given Name (First Name)  
   Z. Deniz

2. Surname (Last Name)  
   Olgun

3. Date  
   29-December-2016

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

Corresponding Author’s Name  
Muharrem Yazici, MD

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