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)  
   Pradip

2. Surname (Last Name)  
   Baruah

3. Date  
   18-April-2015

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Pseudo-aneurysm of a Peripheral Artery arising Four Years after Trauma to a Limb – Report of a Unique Case.

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes

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Section 6. Disclosure Statement

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Dr. Baruah has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Sanjeev

2. Surname (Last Name)  
Bhuyan

3. Date  
18-April-2015

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

Corresponding Author’s Name  
Sukalyan Dey

5. Manuscript Title  
Pseudo-aneurysm of a Peripheral Artery arising Four Years after Trauma to a Limb – Report of a Unique Case.

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**Section 2. The Work Under Consideration for Publication**

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Dr. Bhuyan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Bikash
2. Surname (Last Name)  Bordoloi
3. Date  18-April-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Sukalyan Dey
5. Manuscript Title
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1. Given Name (First Name)  
   Sukalyan

2. Surname (Last Name)  
   Dey

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   18-April-2015

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   No

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