

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ender	2. Surname (Last Name) KARADAS	3. Date 17-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name KYRYLENKO Mykola
5. Manuscript Title Survival without neurological impairment after complete dislocation of C7 vertebral body – a case report		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. KARADAS has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Christian	2. Surname (Last Name) FIALKA	3. Date 17-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name KYRYLENKO Mykola
5. Manuscript Title Survival without neurological impairment after complete dislocation of C7 vertebral body – a case report		
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Dr. FIALKA has nothing to disclose.

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1. Given Name (First Name)
Mykola

2. Surname (Last Name)
KYRYLENKO

3. Date
17-February-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Survival without neurological impairment after complete dislocation of C7 vertebral body – a case report

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Dr. KYRYLENKO has nothing to disclose.

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1. Given Name (First Name) Simon-John	2. Surname (Last Name) Pienaar	3. Date 17-February-2015
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