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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   BASSETTY

2. Surname (Last Name)  
   KEERTHY CHANDRA

3. Date  
   10-October-2015

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

5. Manuscript Title  
   Transcondylar fracture – dislocation of the elbow

6. Manuscript Identifying Number (if you know it)

## 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.)?

Are there any relevant conflicts of interest?  
   - Yes
   - No  
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   - No  
   ✔

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes
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   ✔
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Dr. KEERTHY CHANDRA has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  M
2. Surname (Last Name)  MOHAMED SAMEER
3. Date  10-October-2015
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Transcondylar fracture – dislocation of the elbow
6. Manuscript Identifying Number (if you know it)

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Dr. MOHAMED SAMEER has nothing to disclose.

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### Corresponding Author’s Name

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