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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Section 1. Identifying Information

1. Given Name (First Name)  IGNACIO
2. Surname (Last Name)  GONZÁLEZ-GÓMEZ
3. Date  29-September-2014
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title  Necrotising dermatosis of the arm following cubital tunnel release: pyoderma gangrenosum – the great mimic
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   ALFONSO

2. Surname (Last Name)  
   UTRILLAS-COMPAIRED

3. Date  
   02-October-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Necrotising dermatosis of the arm following cubital tunnel release: pyoderma gangrenosum – the great mimic

6. Manuscript Identifying Number (if you know it)  

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

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   ✔ Yes  
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<thead>
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</thead>
<tbody>
<tr>
<td>RICHARD PAUL</td>
<td>JEAVONS</td>
<td>10-February-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name: UTRILLAS-COMPAIRED A.

5. Manuscript Title
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VIANA-LÓPEZ
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3. Date  29-September-2014

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