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)  
   Paul

2. Surname (Last Name)  
   Courtney

3. Date  
   11-April-2014

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   A terrible quartet injury of the elbow: A terrible triad variant with a capitellar shear fracture

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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   ✔ Yes   No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Courtney has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Samir
2. Surname (Last Name) Mehta
3. Date 11-April-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title
A terrible quartet injury of the elbow: A terrible triad variant with a capitellar shear fracture
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Mehta has nothing to disclose.

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## Identifying Information

1. Given Name (First Name)  
   Roshan

2. Surname (Last Name)  
   Shah

3. Date  
   11-April-2014

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

   Corresponding Author's Name  
   P. Maxwell Courtney MD

5. Manuscript Title  
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Donegan
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Derek

2. Surname (Last Name)  
   Donegan

3. Date  
   11-April-2014

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author's Name  
   P. Maxwell Courtney MD

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