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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Ferbert

3. Date  
   15-June-2016

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Dr. Victoria Struckmann

5. Manuscript Title  
   Reconstruction of extended bone defects using massive allografts combined with surgical angiogenesis - a case report

6. Manuscript Identifying Number (if you know it)  
   CC-D-16-00098

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Dr. Ferbert has nothing to disclose.

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<td>Kneser</td>
<td>15-June-2016</td>
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Dr. Kneser has nothing to disclose.

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<tbody>
<tr>
<td>Thomas</td>
<td>Kremer</td>
<td>15-June-2016</td>
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</table>

4. Are you the corresponding author?  
   Yes  ✔ No

5. Manuscript Title  
   Reconstruction of extended bone defects using massive allografts combined with surgical angiogenesis - a case report

6. Manuscript Identifying Number (if you know it)  
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Dr. Kremer has nothing to disclose.

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Schmidmaier
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gerhard
2. Surname (Last Name) Schmidmaier
3. Date 15-June-2016
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name
   Dr. Victoria Struckmann
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
   CC-D-16-00098

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Dr. Schmidmaier has nothing to disclose.

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<tr>
<td>Victoria Frankziska</td>
<td>Struckmann</td>
<td>03-May-2016</td>
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4. Are you the corresponding author? ✔ Yes  ❌ No

5. Manuscript Title
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