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)  
   Michael

2. Surname (Last Name)  
   Donnelly

3. Date  
   05-March-2018

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

   Corresponding Author’s Name  
   Colum Downey

5. Manuscript Title  
   Chylous related complications following surgical management of clavicle fractures - two case reports

6. Manuscript Identifying Number (if you know it)  
   CC-D-17-00260R1

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

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Are there any relevant conflicts of interest?  
   Yes [x]  No

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Are there any relevant conflicts of interest?  
   Yes [x]  No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes [x]  No
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Dr. Donnelly has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Colum

2. Surname (Last Name)  
Downey

3. Date  
05-March-2018

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Chylous related complications following surgical management of clavicle fractures - two case reports

6. Manuscript Identifying Number (if you know it)  
CC-D-17-00260R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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☐ Yes  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Downey has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name)  Lee
3. Date  05-March-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Colum Downey
5. Manuscript Title  Chylous related complications following surgical management of clavicle fractures - two case reports
6. Manuscript Identifying Number (if you know it)  CC-D-17-00260R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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1. Given Name (First Name)  
   Hannan

2. Surname (Last Name)  
   Mullett

3. Date  
   05-March-2018

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Chylous related complications following surgical management of clavicle fractures - two case reports

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Dr. Mullett has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  Damien
2. Surname (Last Name)  O’Neill
3. Date  05-March-2018
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Colum Downey
5. Manuscript Title  Chylous related complications following surgical management of clavicle fractures - two case reports
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