

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 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

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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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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		

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Dr. Lee has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Colum Downey
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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