ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Durmus Ali</td>
<td>OCGUDER</td>
<td>20-June-2018</td>
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</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No  
Corresponding Author’s Name: Enes ULUYARDIMCI

5. Manuscript Title  
Two Different Cases of Unusual Horizontal Patellar Dislocation Reduced without Anesthesia

6. Manuscript Identifying Number (if you know it)  
CC-D-18-00177

## Section 2. The Work Under Consideration for Publication

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Dr. OCGUDER has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Enes

2. Surname (Last Name)  
   ULUYARDIMCI

3. Date  
   20-June-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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Dr. ULUYARDIMCI has nothing to disclose.

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1. Given Name (First Name)  Ibrahim
2. Surname (Last Name)  BOZKURT
3. Date  20-June-2018

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   Nadir

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