

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Durmus Ali	2. Surname (Last Name) OCGUDER	3. Date 20-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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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
Two Different Cases of Unusual Horizontal Patellar Dislocation Reduced without Anesthesia

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)

Ibrahim

2. Surname (Last Name)

BOZKURT

3. Date

20-June-2018

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 Yes No

Corresponding Author's Name

Enes ULUYARDIMCI

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Nadir

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YALCIN

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