

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)
Niels

2. Surname (Last Name)
van der Naald

3. Date
10-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Fracture of the sesamoid bone of the thumb: a case report and summary on literature

6. Manuscript Identifying Number (if you know it)
CC-D-18-00147

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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Dr. van der Naald has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Arnold

2. Surname (Last Name)

Schuurman

3. Date

10-July-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Fracture of the sesamoid bone of the thumb: a case report and summary on literature

6. Manuscript Identifying Number (if you know it)

CC-D-18-00147R1

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1. Given Name (First Name)
Detlef

2. Surname (Last Name)
van der Velde

3. Date
10-July-2018

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Yes No

Corresponding Author's Name
A Schuurman

5. Manuscript Title

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Mira

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van der Naald

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