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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   ANDREA

2. Surname (Last Name)  
   BALDINI

3. Date  
   04-July-1971

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author's Name  
   ALFREDO LAMBERTI

5. Manuscript Title  
   Simultaneous Allograft Reconstruction of Chronic Bilateral Extensor Mechanism Spontaneous Rupture: a case report and review of the literature.

6. Manuscript Identifying Number (if you know it)  
   CC-D-18-00058R1

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Are there any relevant conflicts of interest?  
   Yes  ✔  No

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Dr. BALDINI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  ALFREDO
2. Surname (Last Name)    LAMBERTI
3. Date                     15-August-1985
4. Are you the corresponding author?  ✔ Yes   ☐ No

5. Manuscript Title
   Simultaneous Allograft Reconstruction of Chronic Bilateral Extensor Mechanism Spontaneous Rupture: a case report and review of the literature.
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Dr. LAMBERTI has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>LOCONTE</td>
<td>04-December-1948</td>
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</tbody>
</table>

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

Corresponding Author’s Name
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1. Given Name (First Name)  
   ANTONIO

2. Surname (Last Name)  
   SPINARELLI

3. Date  
   07-April-1974

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

Corresponding Author's Name  
ALFREDO LAMBERTI

5. Manuscript Title  
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