

## 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)  
REN YI

2. Surname (Last Name)  
KOW

3. Date  
23-June-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Surgical Reconstruction of an Open Medial Malleolus Fracture Using a Novel Technique – A Case Report

6. Manuscript Identifying Number (if you know it)

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Dr. KOW has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
AKMAL AZIM

2. Surname (Last Name)  
AHMAD ALWI

3. Date  
13-July-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
REN YI KOW

5. Manuscript Title

Surgical Reconstruction of an Open Medial Malleolus Fracture Using a Novel Technique – A Case Report

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Akmal Azim AHMAD ALWI has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) MUHAMMAD FIRDAUS	2. Surname (Last Name) ABAS	3. Date 13-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name REN YI KOW
5. Manuscript Title Surgical Reconstruction of an Open Medial Malleolus Fracture Using a Novel Technique – A Case Report		
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Muhammad Firdaus ABAS has nothing to disclose.

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1. Given Name (First Name) CHOOI LENG	2. Surname (Last Name) LOW	3. Date 13-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name REN YI KOW
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Dr. LOW has nothing to disclose.

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1. Given Name (First Name) JIN CHUAN	2. Surname (Last Name) YUEN	3. Date 13-July-2018
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Jin Chuan YUEN has nothing to disclose.

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