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)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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## Section 3. Relevant financial activities outside the submitted work.

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Dr. KOW has nothing to disclose.

### Evaluation and Feedback

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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?  
   ✔ No

5. Manuscript Title  
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Muhammad Firdaus ABAS has nothing to disclose.

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>CHOOI LENG</td>
<td>LOW</td>
<td>13-July-2018</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name: REN YI KOW

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

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JIN CHUAN

2. Surname (Last Name)  
YUEN

3. Date  
13-July-2018

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REN YI KOW

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Jin Chuan YUEN has nothing to disclose.

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