ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.
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Kansay 1
## Section 1. Identifying Information

1. Given Name (First Name)  
   Rajeev

2. Surname (Last Name)  
   Kansay

3. Date  
   01-June-2019

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No  
   Corresponding Author's Name  
   anmol sharma

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
- Yes  
- No  
   ✔ No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ashwani

2. Surname (Last Name)  
   Soni

3. Date  
   01-June-2019

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

   Corresponding Author’s Name  
   anmol sharma

5. Manuscript Title  
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1. **Given Name (First Name)**
   - Deepam

2. **Surname (Last Name)**
   - Vashist

3. **Date**
   - 01-June-2019

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

   **Corresponding Author’s Name**
   - Anmol Sharma

5. **Manuscript Title**
   - A novel method for removal of broken intramedullary interlocking nail with a subtrochanteric fracture: A case report

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1. Given Name (First Name)  
anmol
2. Surname (Last Name)  
sharma
3. Date  
18-May-2019
4. Are you the corresponding author?  
☑ Yes  
☐ No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
ccd001082

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