ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ante

2. Surname (Last Name)  
   Prkic

3. Date  
   29-September-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Total Elbow Arthroplasty; why and how.

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ✔ No

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Dr. Prkic has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Bertram

2. Surname (Last Name)  
   The

3. Date  
   29-September-2016

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

Corresponding Author’s Name  
Ante Prkic

5. Manuscript Title  
   Total Elbow Arthroplasty; why and how.

6. Manuscript Identifying Number (if you know it)

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Dr. The has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Denise

2. Surname (Last Name)  
Eygendaal

3. Date  
29-September-2016

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Ante Prkic

5. Manuscript Title  
Total Elbow Arthroplasty; why and how.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Maarten

2. **Surname (Last Name)**
   - de Vos

3. **Date**
   - 29-September-2016

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Total Elbow Arthroplasty; why and how.

6. **Manuscript Identifying Number (if you know it)**

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- Yes  
- No

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Section 1. Identifying Information

1. Given Name (First Name)  
Marc

2. Surname (Last Name)  
Wagener

3. Date  
29-September-2016

4. Are you the corresponding author?  
Yes  ✔  No

Corresponding Author’s Name  
Ante Prkic

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