

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Thierry	2. Surname (Last Name) BALAGUER	3. Date 26-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name CAMUZARD Olivier
5. Manuscript Title Inferior Cubital Artery Perforator Flap for Soft-Tissue Coverage of the Elbow : Anatomical Study and Clinical Application		
6. Manuscript Identifying Number (if you know it) JBJS-D-15-00760		

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Olivier

2. Surname (Last Name)
CAMUZARD

3. Date
26-August-2015

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jonathan

2. Surname (Last Name)

FERNANDEZ

3. Date

26-August-2015

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

CAMUZARD Olivier

5. Manuscript Title

Inferior Cubital Artery Perforator Flap for Soft-Tissue Coverage of the Elbow : Anatomical Study and Clinical Application

6. Manuscript Identifying Number (if you know it)

JBJS-D-15-00760

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Rémi

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FOISSAC

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Charalambos

2. Surname (Last Name)
GEORGIU

3. Date
26-August-2015

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☐ Yes ☒ No

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5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tarik	2. Surname (Last Name) IHRAI	3. Date 26-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name CAMUZARD Olivier
5. Manuscript Title Inferior Cubital Artery Perforator Flap for Soft-Tissue Coverage of the Elbow : Anatomical Study and Clinical Application		
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Pascal

2. Surname (Last Name)

Boileau

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26-August-2015

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Corresponding Author's Name

Olivier Camuzard

5. Manuscript Title

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Dr. Boileau has nothing to disclose.

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- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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