

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Given Name (First Name) Ian	2. Surname (Last Name) Mayne	3. Date 17-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name M. Lucas Murnaghan
5. Manuscript Title Development and assessment of a distal radius fracture model as a clinical teaching tool		
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M. Lucas

2. Surname (Last Name)

Murnaghan

3. Date

17-August-2015

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