

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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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

Jos

2. Surname (Last Name)

Mellema

3. Date

02-August-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Job N. Doornberg

5. Manuscript Title

Tibial Plateau Fracture Characteristics

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Mellema has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Job

2. Surname (Last Name)
Doornberg

3. Date
02-August-2014

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

5. Manuscript Title
Tibial Plateau Fracture Characteristics

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)
Peter

2. Surname (Last Name)
Kloen

3. Date
02-August-2014

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☐ Yes

☒ No

Corresponding Author's Name
Job N. Doornberg

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Rik

2. Surname (Last Name)
Molenaars

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02-August-2014

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☐ Yes

☒ No

Corresponding Author's Name
Job N. Doornberg

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