

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Melissa	2. Surname (Last Name) Arief	3. Date 10-October-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christian J. Zaino, MD
5. Manuscript Title The Effectiveness of Bivalving, Cast Spreading, and Webril Cutting to Reduce Cast Pressure in a Fiberglass Short Arm Cast		
6. Manuscript Identifying Number (if you know it) JBJS-D-14-00579R1		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Arief has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Mukund

2. Surname (Last Name)

Patel

3. Date

10-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Christian J. Zaino, MD

5. Manuscript Title

The Effectiveness of Bivalving, Cast Spreading, and Webril Cutting to Reduce Cast Pressure in a Fiberglass Short Arm Cast

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1. Given Name (First Name)
Christian

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Zaino

3. Date
10-October-2014

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