

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)
Deborah

2. Surname (Last Name)
MacDonald

3. Date
26-May-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
C Robinson

5. Manuscript Title
OPEN REDUCTION AND LONG LOCKING PLATE FIXATION OF COMPLEX PROXIMAL HUMERAL METADIAPHYSEAL FRACTURES

6. Manuscript Identifying Number (if you know it)
(JBJS-D-20-00372) - [EMID:a4d7bde009400adf]

Section 2. The Work Under Consideration for Publication

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Ms. MacDonald has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Robinson

3. Date
26-May-2020

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

5. Manuscript Title
OPEN REDUCTION AND LONG LOCKING PLATE FIXATION OF COMPLEX PROXIMAL HUMERAL METADIAPHYSEAL FRACTURES

6. Manuscript Identifying Number (if you know it)
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Dr. Robinson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ewan

2. Surname (Last Name)

Goudie

3. Date

26-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

CM Robinson

5. Manuscript Title

OPEN REDUCTION AND LONG LOCKING PLATE FIXATION OF COMPLEX PROXIMAL HUMERAL METADIAPHYSEAL FRACTURES

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Strelzow

3. Date

26-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael Robinson

5. Manuscript Title

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Dr. Strelzow has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Stirling

3. Date
26-May-2020

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☐ Yes ☒ No

Corresponding Author's Name
C Robinson

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Dr. Stirling has nothing to disclose.

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