

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)
David

2. Surname (Last Name)
Bozentka

3. Date
08-February-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Jonathan Slaughter

5. Manuscript Title

Hematoma of the Flexor Tendon Sheath Mimicking Acute Septic Tenosynovitis: Case Report

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Lim

3. Date
08-February-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Jonathan Slaughter

5. Manuscript Title

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1. Given Name (First Name)

Jonathan

2. Surname (Last Name)

Slaughter

3. Date

24-November-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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Nicholas

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Pulos

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08-February-2016

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☐ Yes ☒ No

Corresponding Author's Name
Jonathan Slaughter

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