

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifyir	ng Information	
1. Given Name (First Name) Boleslaw	2. Surname (Last Name) Czachor	3. Date 09-August-2018
4. Are you the corresponding at		nding Author's Name redjiklian
5. Manuscript Title Fracture of an Os Hamulus Pr	oprium: A Case Report	

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	✓	
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Section 4. Intellectual Property -- Patents & Copyrights

\mathbf{v}	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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Dr. Czachor has nothing to disclose.

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1. Given Name (Fi Jack	irst Name)	2. Surname (Last Name) Graham	3. Date 09-August-2018
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Pedro K. Beredjiklian, MD
5. Manuscript Titl Fracture of an O	e s Hamulus Proprium:	A Case Report	

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Section 2. **The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest? Yes

✓ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Jack Graham has nothing to disclose.

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1. Given Name (Fire Jonas	st Name)	2. Surname (Last Na Matzon	me) 3. Date 09-August-2018
4. Are you the corre	esponding author?	Yes 🖌 No	Corresponding Author's Name Pedro Beredjiklian
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4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Pedro Beredjiklian
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4. Are you the cor	responding author?	✓ Yes No	
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Dr. Beredjiklian has nothing to disclose.

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