

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)
Matthew

2. Surname (Last Name)
Lunati

3. Date
29-July-2019

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Jacob M Wilson

5. Manuscript Title
Tibial Plateau Fracture with Ipsilateral Syndesmotic Injury- A Previously Undescribed Maisonneuve-Equivalent Injury Pattern: A Case Report

6. Manuscript Identifying Number (if you know it)
CC-D-19-00280

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

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Dr. Lunati has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Moore Jr.

3. Date
29-July-2019

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Jacob M Wilson

5. Manuscript Title
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1. Given Name (First Name)

Jacob

2. Surname (Last Name)

Wilson

3. Date

29-July-2019

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☒ Yes ☐ No

5. Manuscript Title

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1. Given Name (First Name)
Nathan

2. Surname (Last Name)
Kukowski

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29-July-2019

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Jacob M Wilson

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