

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Michel	2. Surname (Last Name) Boeckstyns	3. Date 21-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Soelberg Vadstrup
5. Manuscript Title titled "Early mobilization for Conservatively Managed fractures of the proximal phalanx of the 5th digit"		
6. Manuscript Identifying Number (if you know it) UFL-07-13-0474		

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Dr. Jørring has nothing to disclose.

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1. Given Name (First Name) Peter	2. Surname (Last Name) Bernt	3. Date 21-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Soelberg Vadstrup
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1. Given Name (First Name)

Lars

2. Surname (Last Name)

Vadstrup

3. Date

24-July-2013

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Early mobilization for Conservatively Managed fractures of the proximal phalanx of the 5th digit

6. Manuscript Identifying Number (if you know it)

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