

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Veronika

2. Surname (Last Name)
Murlasits

3. Date
06-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical outcome after isolated fibular nailing of bi- or trimalleolar ankle fractures
- retrospective single center short period follow-up

6. Manuscript Identifying Number (if you know it)

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Dr. Murlasits Veronika 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) Michelle Fog	2. Surname (Last Name) Andersen	3. Date 06-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Veronika Murlasits
5. Manuscript Title Clinical outcome after isolated fibular nailing of bi- or trimalleolar ankle fractures - retrospective single center short period follow-up		
6. Manuscript Identifying Number (if you know it)		

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Dr. Andersen Michelle Fog has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Andreas E.

2. Surname (Last Name)
Bording Hermann

3. Date
06-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Veronika Murlasits

5. Manuscript Title
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1. Given Name (First Name) Lasse	2. Surname (Last Name) Bayer	3. Date 06-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Veronika Murlasits
5. Manuscript Title Clinical outcome after isolated fibular nailing of bi- or trimalleolar ankle fractures - retrospective single center short period follow-up		
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Jesper

2. Surname (Last Name)
Sonntag

3. Date
06-July-2020

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Yes No

Corresponding Author's Name
Veronika Murlasits

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