

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Kai	2. Surname (Last Name) Chen	3. Date 26-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yang Yang
5. Manuscript Title Risk factors related to the loss of reduction after acromioclavicular joint dislocation treated with the EndoButton device		
6. Manuscript Identifying Number (if you know it) ATM-21-404		

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Are there any relevant conflicts of interest? Yes No

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Dr. Chen has nothing to disclose.

Evaluation and Feedback

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