

ICMJE DISCLOSURE FORM

Date: 2021/5/17
 Your Name: Ye-jun Zha
 Manuscript Title: Lateral minimal approach to the terrible triad of the elbow: a treatment protocol in Beijing Jishuitan hospital
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Date: 2021/5/17
 Your Name: Dan Xiao
 Manuscript Title: Lateral minimal approach to the terrible triad of the elbow: a treatment protocol in Beijing Jishuitan hospital
 Manuscript number (if known): _____

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Date: 2021/5/17
 Your Name: Ke- han Hua
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Date: 2021/5/17
 Your Name: Wei-tong Sun
 Manuscript Title: Lateral minimal approach to the terrible triad of the elbow: a treatment protocol in Beijing Jishuitan hospital
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Date: 2021/5/17
 Your Name: Mao-qi Gong
 Manuscript Title: Lateral minimal approach to the terrible triad of the elbow: a treatment protocol in Beijing Jishuitan hospital
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Date: 2021/5/17
 Your Name: Ting Li
 Manuscript Title: Lateral minimal approach to the terrible triad of the elbow: a treatment protocol in Beijing Jishuitan hospital
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Date: 2021/5/17
 Your Name: Chen Chen
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