

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Chuangang	2. Surname (Last Name) Peng	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dongsheng Wang
5. Manuscript Title Treatment of sacroiliac joint dislocation through percutaneous sacroiliac screw fixation with the aid of two fluoroscopes simultaneously: a novel technique note		
6. Manuscript Identifying Number (if you know it) QIMS-20-448		

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Dr. Peng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Baoming	2. Surname (Last Name) Yuan	3. Date 11-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dongsheng Wang
5. Manuscript Title Treatment of sacroiliac joint dislocation through percutaneous sacroiliac screw fixation with the aid of two fluoroscopes simultaneously: a novel technique note		
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1. Given Name (First Name) Jincheng	2. Surname (Last Name) Wang	3. Date 11-August-2020
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1. Given Name (First Name)

Dongsheng

2. Surname (Last Name)

Wang

3. Date

11-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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