

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)
Mirjam

2. Surname (Last Name)
de Jong

3. Date
09-March-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Editorial by article from Thomas White—"Rib fracture repair"

6. Manuscript Identifying Number (if you know it)

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Dr. de Jong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Roderick

2. Surname (Last Name)
Houwert

3. Date
09-March-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Mirjam B. de Jong

5. Manuscript Title
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Dr. Houwert has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Falco	2. Surname (Last Name) Hietbrink	3. Date 09-March-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mirjam B. de Jong
5. Manuscript Title Editorial by article from Thomas White—"Rib fracture repair"		
6. Manuscript Identifying Number (if you know it) 		

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1. Given Name (First Name)
Karlijn

2. Surname (Last Name)
van Wessem

3. Date
09-March-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Mirjam B. de Jong

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Section 1. Identifying Information

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Luke

2. Surname (Last Name)

Leenen

3. Date

09-March-2018

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Mirjam B. de Jong

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