ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tbody>
<tr>
<td>Christian</td>
<td>Berre Eriksen</td>
<td>02-January-2015</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [X] No

Corresponding Author’s Name
Rasmus Elsøe

5. Manuscript Title
Percutaneous treatment of lateral tibial plateau fractures shows satisfactory outcome.

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? [ ] Yes [X] No

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Are there any relevant conflicts of interest? [ ] Yes [X] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [X] No
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Dr. Berre Eriksen has nothing to disclose.

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<tbody>
<tr>
<td>Hans</td>
<td>Ager Hansen</td>
<td>02-January-2015</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
Yes  
No  

5. Manuscript Title
Percutaneous treatment of lateral tibial plateau fractures shows satisfactory outcome.

6. Manuscript Identifying Number (if you know it)

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### Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Ager Hansen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Larsen

3. Date  
02-January-2015

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

Corresponding Author’s Name  
Rasmus Elseo

5. Manuscript Title  
Percutaneous treatment of lateral tibial plateau fractures shows satisfactory outcome.

6. Manuscript Identifying Number (if you know it)

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Dr. Larsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Rasmus
2. Surname (Last Name)  Elsoe
3. Date  02-January-2015
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
Percutaneous treatment of lateral tibial plateau fractures shows satisfactory outcome.
6. Manuscript Identifying Number (if you know it)

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Rasmussen
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. **Given Name (First Name)**  
   Sten

2. **Surname (Last Name)**  
   Rasmussen

3. **Date**  
   02-January-2015

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - [x] No

   **Corresponding Author’s Name**  
   Rasmus Elsoe

5. **Manuscript Title**  
   Percutaneous treatment of lateral tibial plateau fractures shows satisfactory outcome.

6. **Manuscript Identifying Number (if you know it)**

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Are there any relevant conflicts of interest?  
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- [x] No

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Dr. Rasmussen has nothing to disclose.

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