Date:	5/16/2023	
Your Name:	Katriina Paasikallio	
Manuscript Title:	Intra- and inter-observer agreement in distal radius fracture dislocation measurement	
Manuscript Number (if known):	AO-2022-437/R1	

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Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/16/2023
Your Name:	Reijo Sund
Manuscript Title:	Intra- and inter-observer agreement in distal radius fracture dislocation measurement
Manuscript Number (if known):	AO-2022-437/R1

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Date:	5/16/2023	
Your Name:	Simo Miettinen	
Manuscript Title:	Intra- and inter-observer agreement in distal radius fracture dislocation measurement	
Manuscript Number (if known):	AO-2022-437/R1	

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Date:	5/16/2023
Your Name:	Sonja Kauranen
Manuscript Title:	Intra- and inter-observer agreement in distal radius fracture dislocation measurement
Manuscript Number (if known):	AO-2022-437/R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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12 12/13/2021 ICMJE Disclosure Form

Date:	5/16/2023
Your Name:	Hannu Sorsa
Manuscript Title:	Intra- and inter-observer agreement in distal radius fracture dislocation measurement
Manuscript Number (if known):	AO-2022-437/R1

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Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:			

Date:	5/16/2023	
Your Name:	Joonas Sirola	
Manuscript Title:	Intra- and inter-observer agreement in distal radius fracture dislocation measurement	
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