ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Johnson

3. Date  
   23-April-2015

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

   Corresponding Author’s Name  
   S.E. Klein, MD

5. Manuscript Title  
   Arterial Anatomy of the Posterior Tibial Nerve in the Tarsal Tunnel

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

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Dr. Johnson has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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

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

3. **Date**
   23-April-2015

4. **Are you the corresponding author?**
   ✔ Yes  ☐ No

5. **Manuscript Title**
   Arterial Anatomy of the Posterior Tibial Nerve in the Tarsal Tunnel

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

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

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ☐ Yes  ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No
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Dr. Klein has nothing to disclose.

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</tr>
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<td>2. Surname (Last Name)</td>
<td>Manske</td>
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<tr>
<td>3. Date</td>
<td>24-June-2015</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes [✓ No]</td>
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<td>Corresponding Author’s Name</td>
<td>Sandra Klein</td>
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<td>5. Manuscript Title</td>
<td>Arterial Anatomy of the Posterior Tibial Nerve in the Tarsal Tunnel</td>
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Section 1. Identifying Information

1. Given Name (First Name)  
Jeremy

2. Surname (Last Name)  
McCormick

3. Date  
23-April-2015

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

Corresponding Author’s Name  
S.E. Klein, MD

5. Manuscript Title  
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Section 1. Identifying Information

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Kathleen

2. Surname (Last Name)  
McKeon

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08-May-2015

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