ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  Chan
2. Surname (Last Name)  Kang
3. Date  22-March-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Deuk-Soo Hwang
5. Manuscript Title
Arthroscopic Treatment for Entrapment Neuropathy of Sciatic Nerve Caused by Paralabral Cyst: Three Cases Report and Review of the Literature
6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement
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Dr. Kang has nothing to disclose.

Evaluation and Feedback
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Section 1. Identifying Information

1. Given Name (First Name)  Deuk-Soo
2. Surname (Last Name)  Hwang

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Arthroscopic Treatment for Entrapment Neuropathy of Sciatic Nerve Caused by Paralabral Cyst
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Dr. Hwang has nothing to disclose.

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<table>
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<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Long</td>
<td>Zheng</td>
<td>22-March-2016</td>
</tr>
</tbody>
</table>

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

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Dr. Zheng has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Woo-Yong

2. **Surname (Last Name)**
   - Lee

3. **Date**
   - 22-March-2016

4. Are you the corresponding author?  
   - [ ] Yes  
   - [✓] No  
   
   **Corresponding Author’s Name**
   - Deuk-Soo Hwang

5. **Manuscript Title**
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