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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Ibrahim</td>
<td>Amjad</td>
<td>16-September-2017</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Barbera</td>
</tr>
</tbody>
</table>

5. Manuscript Title

Bilateral neuropathy dermatitis following simultaneous bilateral total knee arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Amjad has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Alexander

2. Surname (Last Name)  
   van der Ven

3. Date  
   16-September-2017

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

   Corresponding Author’s Name  
   Joseph Barbera

5. Manuscript Title  
   Bilateral neuropathy dermatitis following simultaneous bilateral total knee arthroplasty

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1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Barbera

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   16-September-2017

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