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1. **Identifying information.**

2. **The work under consideration for publication.**

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Courtney

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

3. **Date**
   - 02-March-2018

4. **Are you the corresponding author?**
   - No

   **Corresponding Author’s Name**
   - Andrea Herzka

5. **Manuscript Title**
   - Hip Arthroscopy Complicated by Deep Vein Thrombosis in a Patient with May-Thurner Syndrome: A Case Report

6. **Manuscript Identifying Number (if you know it)**
   - CC-D-17-00298R1

## 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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- Yes  
- No

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Dr. Bell has nothing to disclose.

Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Elizabeth

2. Surname (Last Name)  
   Lieberman

3. Date  
   02-March-2018

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

   Corresponding Author’s Name  
   Andrea Herzka

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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Dr. Lieberman 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)**
   Andrea

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

3. **Date**
   04-February-2018

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

5. **Manuscript Title**
   Hip Arthroscopy Complicated by Deep Vein Thrombosis in a Patient with May-Thurner Syndrome: A Case Report

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