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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Section 1. Identifying Information

1. Given Name (First Name)  
   Amit

2. Surname (Last Name)  
   Joshi

3. Date  
   10-January-2019

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

Corresponding Author’s Name  
   Nagmani Singh

5. Manuscript Title  
   Pseudoaneurysm of the Popliteal Artery leading to foot drop after Arthroscopic Anterior Cruciate Ligament Reconstruction: A Rare Complication.

6. Manuscript Identifying Number (if you know it)

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Dr. Joshi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Bibek

2. Surname (Last Name)  
Basukala

3. Date  
10-January-2019

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Nagmani Singh

5. Manuscript Title  
Pseudoaneurysm of the Popliteal Artery leading to foot drop after Arthroscopic Anterior Cruciate Ligament Reconstruction: A Rare Complication.

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Dr. Basukala has nothing to disclose.

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1. Given Name (First Name)  Ishor
2. Surname (Last Name)  Pradhan
3. Date  10-January-2019
4. Are you the corresponding author?  □ Yes  ✔ No

Corresponding Author’s Name  Nagmani Singh

5. Manuscript Title
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   Nagmani

2. Surname (Last Name)  
   Singh

3. Date  
   10-January-2019

4. Are you the corresponding author?  
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5. Manuscript Title  
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