

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Bruce	2. Surname (Last Name) Comisar	3. Date 24-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Well Leg Rhabdomyolysis Following Prolonged Knee Arthroscopy		
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. Comisar 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)  
Christopher

2. Surname (Last Name)  
Reynolds

3. Date  
24-January-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Well Leg Rhabdomyolysis Following Prolonged Knee Arthroscopy

6. Manuscript Identifying Number (if you know it)

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Dr. Reynolds has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Johnson	3. Date 24-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christopher Reynolds
5. Manuscript Title Well Leg Rhabdomyolysis Following Prolonged Knee Arthroscopy		
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1. Given Name (First Name) Jacob	2. Surname (Last Name) Triplet	3. Date 24-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christopher Reynolds
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