ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Dr. Apel 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)  
   Ralph

2. Surname (Last Name)  
   Brown

3. Date  
   02-July-2019

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Peter J. Apel

5. Manuscript Title  
   Intraneural peroneal ganglion cyst excision in a pediatric patient

6. Manuscript Identifying Number (if you know it)  
   CC-D-19-00272

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Dr. Brown has nothing to disclose.

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### Identifying Information

1. Given Name (First Name)  
Douglas

2. Surname (Last Name)  
Grider

3. Date  
02-July-2019

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Peter J. Apel

5. Manuscript Title  
Intraneural peroneal ganglion cyst excision in a pediatric patient

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1. Given Name (First Name)  
   Noah

2. Surname (Last Name)  
   Orfield

3. Date  
   02-July-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Peter J. Apel

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1. Given Name (First Name)  
   Julie

2. Surname (Last Name)  
   Zielinski

3. Date  
   02-July-2019

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

   Corresponding Author’s Name  
   Peter J. Apel

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