ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Chandra
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Venita

2. Surname (Last Name)
   Chandra

3. Date
   29-March-2016

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

5. Manuscript Title
   Ruptured dorsalis pedis artery pseudoaneurysm following ankle arthroscopy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  ☐ Yes  ✔ No

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Are there any relevant conflicts of interest?  ☐ Yes  ✔ No

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Dr. Chandra 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)  
   Kenneth

2. Surname (Last Name)  
   Hunt

3. Date  
   13-March-2016

4. Are you the corresponding author?  
   Yes ✔

5. Manuscript Title  
   Ruptured Dorsalis Pedis Pseudoaneurysm Following Ankle Arthroscopy

6. Manuscript Identifying Number (if you know it)

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Dr. Hunt has nothing to disclose.

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<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>Nathan</td>
<td>Itoga</td>
<td>07-March-2016</td>
</tr>
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</table>

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

Corresponding Author’s Name

Venita Chandra

5. Manuscript Title

Ruptured Dorsalis Pedis Pseudoaneurysm Following Ankle Arthroscopy

6. Manuscript Identifying Number (if you know it)

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   Brant

2. Surname (Last Name)  
   Ullery

3. Date  
   29-March-2016

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

   Corresponding Author’s Name  
   Venita Chandra

5. Manuscript Title  
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Clay

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Wiske

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29-March-2016

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☑ No

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Venita Chandra

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Dr. Wiske has nothing to disclose.

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