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Ashmyan
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  Roman
2. Surname (Last Name)  Ashmyan
3. Date  07-October-2019
4. Are you the corresponding author?  No
5. Manuscript Title  Central Splitting Approach for Achilles Insertional Tendinopathy and Haglund’s Deformity
6. Manuscript Identifying Number (if you know it)  ST-D-19-00035

**Corresponding Author’s Name**

A. Gianni Ricci, DO

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  No

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Dr. Ashmyan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>A. Gianni</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Ricci</td>
</tr>
<tr>
<td>3. Date</td>
<td>07-October-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
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</table>

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Dr. Ricci has nothing to disclose.

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Stewart
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

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

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

3. **Date**
   - 07-October-2019

4. **Are you the corresponding author?**
   - [ ] Yes    [x] No
   - **Corresponding Author’s Name**
   - A. Gianni Ricci, DO

5. **Manuscript Title**
   - Central Splitting Approach for Achilles Insertional Tendinopathy and Haglund’s Deformity

6. **Manuscript Identifying Number (if you know it)**
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### Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Thompson

3. Date  
   07-October-2019

4. Are you the corresponding author?  
   - [ ] Yes  
   - [X] No  
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   A. Gianni Ricci, DO

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   Benjamin

2. Surname (Last Name)  
   Watson

3. Date  
   07-October-2019

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   Yes ☑️  No  
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