ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   Nicola

2. **Surname (Last Name)**
   Maffulli

3. **Date**
   22-February-2014

4. **Are you the corresponding author?**
   ✔ Yes  ❑ No

5. **Manuscript Title**
   ACHILLES TENDINOPATHY.

6. **Manuscript Identifying Number (if you know it)**

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

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Section 1. Identifying Information

1. Given Name (First Name) Leonardo
2. Surname (Last Name) Osti
3. Date 22-February-2014
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title ACHILLES TENDINOPATHY.

Corresponding Author’s Name Nicola Maffulli

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   Antonietta

2. Surname (Last Name)  
   Florio

3. Date  
   22-February-2014

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

   Corresponding Author’s Name  
   Nicola Maffulli

5. Manuscript Title  
   ACHILLES TENDINOPATHY.

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1. Given Name (First Name)  Angelo
2. Surname (Last Name)  Del Buono
3. Date  22-February-2014

4. Are you the corresponding author?  ✔ No

5. Manuscript Title  ACHILLES TENDINOPATHY.

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