

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Guss	3. Date 04-January-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carlos Uquillas
5. Manuscript Title Everything Achilles: Knowledge Update and Current Concepts in Management		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Guss has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Laith

2. Surname (Last Name)
Jazrawi

3. Date
04-January-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Carlos Uquillas

5. Manuscript Title
Everything Achilles: Knowledge Update and Current Concepts in Management

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Dr. Jazrawi has nothing to disclose.

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1. Given Name (First Name)

Devon

2. Surname (Last Name)

Ryan

3. Date

04-January-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Carlos Uquillas

5. Manuscript Title

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Uquillas

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04-January-2015

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