

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chan	2. Surname (Last Name) Kang	3. Date 22-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Deuk-Soo Hwang
5. Manuscript Title Arthroscopic Treatment for Entrapment Neuropathy of Sciatic Nerve Caused by Paralabral Cyst : Three Cases Report and Review of the Literature		
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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Dr. Kang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Deuk-Soo

2. Surname (Last Name)

Hwang

3. Date

22-March-2016

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Arthroscopic Treatment for Entrapment Neuropathy of Sciatic Nerve Caused by Paralabral Cyst
: Three Cases Report and Review of the Literature

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Section 2. The Work Under Consideration for Publication

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