

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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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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

☒ No

Corresponding Author's Name

Venita Chandra, MD

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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Section 1. Identifying Information

1. Given Name (First Name)

Nathan

2. Surname (Last Name)

Itoga

3. Date

07-March-2016

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
Ruptured dorsalis pedis artery pseudoaneurysm following ankle arthroscopy

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1. Given Name (First Name) Clay	2. Surname (Last Name) Wiske	3. Date 29-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Venita Chandra
5. Manuscript Title Ruptured dorsalis pedis artery pseudoaneurysm following ankle arthroscopy		
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