

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Apel

3. Date
02-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Intraneural peroneal ganglion cyst excision in a pediatric patient

6. Manuscript Identifying Number (if you know it)
CC-D-19-00272

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Dr. Apel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ralph	2. Surname (Last Name) Brown	3. Date 02-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter J. Apel
5. Manuscript Title Intraneural peroneal ganglion cyst excision in a pediatric patient		
6. Manuscript Identifying Number (if you know it) CC-D-19-00272		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Brown has nothing to disclose.

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1. Given Name (First Name) Douglas	2. Surname (Last Name) Grider	3. Date 02-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter J. Apel
5. Manuscript Title Intraneural peroneal ganglion cyst excision in a pediatric patient		
6. Manuscript Identifying Number (if you know it) CC-D-19-00272		

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1. Given Name (First Name) Noah	2. Surname (Last Name) Orfield	3. Date 02-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter J. Apel
5. Manuscript Title Intraneural peroneal ganglion cyst excision in a pediatric patient		
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1. Given Name (First Name) Julie	2. Surname (Last Name) Zielinski	3. Date 02-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter J. Apel
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