

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Joris

2. Surname (Last Name)

Bekkers

3. Date

30-September-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Giant seromal cyst development after tourniquet use during total knee arthroplasty

6. Manuscript Identifying Number (if you know it)

CC-D-19-00466

### 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. Bekkers has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sven

2. Surname (Last Name)  
Bruekers

3. Date  
30-September-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Giant seromal cyst development after tourniquet use during total knee arthroplasty

6. Manuscript Identifying Number (if you know it)  
CC-D-19-00466

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

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Dr. Bruekers has nothing to disclose.

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1. Given Name (First Name)  
Arthur

2. Surname (Last Name)  
de Gast

3. Date  
30-September-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Giant seromal cyst development after tourniquet use during total knee arthroplasty

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

2. Surname (Last Name)  
van Erp

3. Date  
30-September-2019

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