ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tr>
<td>Joris</td>
<td>Bekkers</td>
<td>30-September-2019</td>
</tr>
</tbody>
</table>

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

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Dr. Bekkers has nothing to disclose.

Evaluation and Feedback

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### 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

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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

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<tr>
<td>Joost</td>
<td>van Erp</td>
<td>30-September-2019</td>
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