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Cone
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brent
2. Surname (Last Name) Cone
3. Date 15-January-2019
4. Are you the corresponding author? □ Yes  ✔ No
   Corresponding Author’s Name Michael Johnson
5. Manuscript Title
   A Novel Technique in Treatment of Calcaneocuboid Dislocation with Bifurcate Ligament Reconstruction Using a Semitendinosus Allograft: A Case Report
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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
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<th>1. Given Name (First Name)</th>
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4. Are you the corresponding author? [ ] Yes  ✔ No

Corresponding Author’s Name: Michael Johnson

5. Manuscript Title
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Dr. Abyar has nothing to disclose.

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Dr. McKissack has nothing to disclose.

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   Michael

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   Johnson

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   ☐ No

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