ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Identifying information.
2. The work under consideration for publication.
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.
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**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Izuchukwu
2. Surname (Last Name) Ibe
3. Date 11-March-2019
4. Are you the corresponding author? Yes
5. Manuscript Title
   Endovascular Balloon Occlusion: An Adjunct to Hemostasis For Above Knee Amputation Following Recalcitrant Chronic Prosthetic Joint Infection of Knee in a Morbidly Obese Patient
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Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

Ibe
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Section 6. Disclosure Statement

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Dr. Ibe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Kahan

3. Date  
   11-March-2019

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
   Endovascular Balloon Occlusion: An Adjunct to Hemostasis For Above Knee Amputation Following Recalcitrant Chronic Prosthetic Joint Infection of Knee in a Morbidly Obese Patient

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   Yes ✔  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 1. Identifying Information

1. Given Name (First Name) Michael
2. Surname (Last Name) Leslie
3. Date 11-March-2019
4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name
Joseph Kahan

5. Manuscript Title
Endovascular Balloon Occlusion: An Adjunct to Hemostasis For Above Knee Amputation Following Recalcitrant Chronic Prosthetic Joint Infection of Knee in a Morbidly Obese Patient

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1. Given Name (First Name)  
Kristine

2. Surname (Last Name)  
Orion

3. Date  
11-March-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Joseph Kahan

5. Manuscript Title  
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