

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

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

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Roman   | 2. Surname (Last Name)<br>Ashmyan                                   | 3. Date<br>07-October-2019                         |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>A. Gianni Ricci, DO |
| 5. Manuscript Title<br>Central Splitting Approach for Achilles Insertional Tendinopathy and Haglund's Deformity |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>ST-D-19-00035  |   |  |

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

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ashmyan 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)

A. Gianni

2. Surname (Last Name)

Ricci

3. Date

07-October-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Central Splitting Approach for Achilles Insertional Tendinopathy and Haglund's Deformity

6. Manuscript Identifying Number (if you know it)

ST-D-19-00035

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

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Dr. Ricci has nothing to disclose.

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### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Matthew   | 2. Surname (Last Name)<br>Stewart                                   | 3. Date<br>07-October-2019                         |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>A. Gianni Ricci, DO |
| 5. Manuscript Title<br>Central Splitting Approach for Achilles Insertional Tendinopathy and Haglund's Deformity |   |  |
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### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>David   | 2. Surname (Last Name)<br>Thompson                                  | 3. Date<br>07-October-2019                         |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>A. Gianni Ricci, DO |
| 5. Manuscript Title<br>Central Splitting Approach for Achilles Insertional Tendinopathy and Haglund's Deformity |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>ST-D-19-00035  |   |  |

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|   |   |  |
|---|---|--|
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| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>A. Gianni Ricci, DO |
| 5. Manuscript Title<br>Central Splitting Approach for Achilles Insertional Tendinopathy and Haglund's Deformity |   |  |
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