

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nicola

2. Surname (Last Name)
Maffulli

3. Date
22-February-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
ACHILLES TENDINOPATHY.

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Leonardo	2. Surname (Last Name) Osti	3. Date 22-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Maffulli
5. Manuscript Title ACHILLES TENDINOPATHY.		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)

Antonietta

2. Surname (Last Name)

Florio

3. Date

22-February-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Nicola Maffulli

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