ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Tjoumakaris
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Fotios
2. Surname (Last Name)  Tjoumakaris
3. Date  07-September-2019

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Kevin B. Freedman, M.D., M.S.C.E.

5. Manuscript Title  Popliteal Cysts: Systematic Review of Non-operative and Operative Treatment

6. Manuscript Identifying Number (if you know it)  REVIEWS-D-19-00139

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Are there any relevant conflicts of interest?  ☑ No

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Dr. Tjoumakaris has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
Bradley  

2. Surname (Last Name)  
Smith  

3. Date  
07-September-2019  

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

Corresponding Author’s Name  
Kevin B. Freedman, M.D., M.S.C.E.  

5. Manuscript Title  
Popliteal Cysts: Systematic Review of Non-operative and Operative Treatment  

6. Manuscript Identifying Number (if you know it)  
REVIEWS-D-19-00139  

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
☐ Yes  
☒ No  

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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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☒ No
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Dr. Smith has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Freedman

3. Date  
   07-September-2019

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

5. Manuscript Title  
   Popliteal Cysts: Systematic Review of Non-operative and Operative Treatment

6. Manuscript Identifying Number (if you know it)  
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Dr. Freedman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Tricia

2. Surname (Last Name)  
   Beatty

3. Date  
   07-September-2019

4. Are you the corresponding author?  
   □ Yes  ☑ No  
   Corresponding Author’s Name  
   Kevin B. Freedman, M.D., M.S.C.E.

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Duncan

2. Surname (Last Name)  
   Van Nest

3. Date  
   07-September-2019

4. Are you the corresponding author?  
   Yes  ✔ No  
   Corresponding Author’s Name  
   Kevin B. Freedman, M.D., M.S.C.E.

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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Mr. Van Nest has nothing to disclose.

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