ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Kyong
2. Surname (Last Name)  Min
3. Date  15-October-2020

4. Are you the corresponding author?  ☑ Yes  ☐ No
Corresponding Author’s Name  Ryan J. Bickley

5. Manuscript Title
Surfing Injuries - A Review for the Orthopaedic Surgeon

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-20-00152R1

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Dr. Min has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Belyea

3. Date  
   15-October-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Ryan J. Bickley

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

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Ryan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Bickley</td>
</tr>
<tr>
<td>3. Date</td>
<td>15-October-2020</td>
</tr>
</tbody>
</table>

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5. Manuscript Title
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   Jeffery

2. Surname (Last Name)  
   Harpstrite

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