

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) Stanley	2. Surname (Last Name) Bradshaw	3. Date 26-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anil Pillai
5. Manuscript Title Popliteal Artery Entrapment Syndrome		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Bradshaw has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Peiman

2. Surname (Last Name)

Habibollahi

3. Date

26-May-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Anil Pillai

5. Manuscript Title

Popliteal Artery Entrapment Syndrome

6. Manuscript Identifying Number (if you know it)

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Dr. Habibollahi has nothing to disclose.

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1. Given Name (First Name)
Jayesh

2. Surname (Last Name)
Soni

3. Date
26-May-2020

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☐ Yes ☒ No

Corresponding Author's Name
Anil Pillai

5. Manuscript Title
Popliteal Artery Entrapment Syndrome

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Marcin

2. Surname (Last Name)
Kolber

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26-May-2020

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☐ Yes ☒ No

Corresponding Author's Name
Anil Pillai

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Anil

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Pillai

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