

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) Julianne	2. Surname (Last Name) Forlizzi	3. Date 03-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James M. Ryan
5. Manuscript Title Acute Pseudogout Presenting as An Exception to Musculoskeletal Infection Society (MSIS) Criteria in Total Knee Arthroplasty: A Case Report		
6. Manuscript Identifying Number (if you know it) ACR-20-82		

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Dr. Forlizzi 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)

James

2. Surname (Last Name)

Ryan

3. Date

03-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Acute Pseudogout Presenting as An Exception to Musculoskeletal Infection Society (MSIS) Criteria in Total Knee Arthroplasty: A Case Report

6. Manuscript Identifying Number (if you know it)

ACR-20-82

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Dr. Ryan 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)

Kristen

2. Surname (Last Name)

Galow

3. Date

03-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

James M. Ryan

5. Manuscript Title

Acute Pseudogout Presenting as An Exception to Musculoskeletal Infection Society (MSIS) Criteria in Total Knee Arthroplasty: A Case Report

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Aaron

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Shang

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Donald

2. Surname (Last Name)

Polakoff

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03-May-2020

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Yes No

Corresponding Author's Name

James M. Ryan

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