ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
| Adam | Ferguson | 28-November-2017 |
| 4. Are you the corresponding author? | ✔ Yes | No |
| 5. Manuscript Title | Achilles Tendinopathy and Associated Pathology: A Review of Current Concepts |
| 6. Manuscript Identifying Number (if you know it) | FAO-17-0043 |

Section 2. The Work Under Consideration for Publication

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Dr. Farber has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Christy

2. Surname (Last Name)  
   Christophersen

3. Date  
   28-November-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Achilles Tendinopathy and Associated Pathology: A Review of Current Concepts

6. Manuscript Identifying Number (if you know it)  
   FAO-17-0043

**Section 2. The Work Under Consideration for Publication**

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Section 6. Disclosure Statement
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Dr. Christophersen has nothing to disclose.

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Elattar
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Osama
2. Surname (Last Name)  Elattar
3. Date  28-November-2017
4. Are you the corresponding author?  Yes  No

5. Manuscript Title  Achilles Tendinopathy and Associated Pathology: A Review of Current Concepts

6. Manuscript Identifying Number (if you know it)  FAO-17-0043

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