ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name) Murat
2. Surname (Last Name) Bozkurt
3. Date 04-March-2022
4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
Posteromedial Compartment Arthroscopy of the Knee: An Anatomical Perspective on Posteromedial Knee Impingement

6. Manuscript Identifying Number (if you know it)

---

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

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Dr. Bozkurt 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)**  
   Yigit

2. **Surname (Last Name)**  
   Gungor

3. **Date**  
   04-March-2022

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - [X] No

   **Corresponding Author's Name**  
   Murat Bozkurt

5. **Manuscript Title**  
   Posteromedial Compartment Arthroscopy of the Knee: An Anatomical Perspective on Posteromedial Knee Impingement

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Dr. Gungor has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Nihal

2. **Surname (Last Name)**
   - Apaydın

3. **Date**
   - 04-March-2022

4. Are you the corresponding author?  
   - ☐ Yes  ☑ No

   **Corresponding Author’s Name**
   - Murat Bozkurt

5. **Manuscript Title**
   - Posteromedial Compartment Arthroscopy of the Knee: An Anatomical Perspective on Posteromedial Knee Impingement

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Dr. Apaydin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Georg
2. Surname (Last Name) Feigl
3. Date 04-March-2022

4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author's Name Murat Bozkurt

5. Manuscript Title
   Posteromedial Compartment Arthroscopy of the Knee: An Anatomical Perspective on Posteromedial Knee Impingement

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Halil Ibrahim
2. **Surname (Last Name)**
   - Acar
3. **Date**
   - 04-March-2022
4. **Are you the corresponding author?**
   - ☐ Yes  ☑ No
   - **Corresponding Author’s Name**
     - Murat Bozkurt
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Dr. Acar has nothing to disclose.

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