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)  
   Paul

2. Surname (Last Name)  
   Alvarez

3. Date  
   03-May-2022

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author's Name  
   Kevin Martin

5. Manuscript Title  
   Low Flow Ankle Arthroscopy for Gunshot Wounds with Retained Intra-Articular Ballistic

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Alvarez 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)  Christian
2. Surname (Last Name)  Curatolo
3. Date  03-May-2022
4. Are you the corresponding author?  ☑ Yes  ☐ No

Corresponding Author’s Name
Kevin Martin

5. Manuscript Title
Low Flow Ankle Arthroscopy for Gunshot Wounds with Retained Intra-Articular Ballistic

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Curatolo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  James
2. Surname (Last Name)  Gallagher
3. Date  03-May-2022
4. Are you the corresponding author?  □ Yes  ✔ No
   Corresponding Author’s Name  Kevin Martin
5. Manuscript Title  Low Flow Ankle Arthroscopy for Gunshot Wounds with Retained Intra-Articular Ballistic
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1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Martin

3. Date  
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