ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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?  
   ☑ No

5. Manuscript Title  
   Popliteal Artery Entrapment Syndrome

6. Manuscript Identifying Number (if you know it)

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

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Dr. Bradshaw has nothing to disclose.

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<td>Habibollahi</td>
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<td>4. Are you the corresponding author?</td>
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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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Habibollahi
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Dr. Habibollahi has nothing to disclose.

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4. Are you the corresponding author? ☑ No  

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Popliteal Artery Entrapment Syndrome

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<td>Kolber</td>
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<td>Pillai</td>
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