

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Fabian

2. Surname (Last Name)
Greiner

3. Date
23-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
MEDIUM-TERM CLINICAL AND RADIOLOGICAL OUTCOME OF OPERATIVE THERAPY IN INSERTIONAL ACHILLES TENDINOPATHY WITH DEBRIDEMENT AND DOUBLE-ROW REFIXATION

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Hans-Jörg

2. Surname (Last Name)
Trnka

3. Date
23-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Fabian Greiner

5. Manuscript Title
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabian Greiner
5. Manuscript Title MEDIUM-TERM CLINICAL AND RADIOLOGICAL OUTCOME OF OPERATIVE THERAPY IN INSERTIONAL ACHILLES TENDINOPATHY WITH DEBRIDEMENT AND DOUBLE-ROW REFIXATION		
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Elena

2. Surname (Last Name)
Neunteufel

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Fabian Greiner

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Peter

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Bock

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Fabian Greiner

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