

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)
Courtland

2. Surname (Last Name)
Lewis

3. Date
21-January-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Evaluation of First Generation AAOS Clinical Guideline on Prevention of Venous Thromboembolism Events in Patients Undergoing Total Joint Arthroplasty: Experience in 3,289 Patients from a Single Institution

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-00503

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

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Dr. Lewis has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Steven

2. Surname (Last Name)
Schutzer

3. Date
21-January-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Courtland Lewis

5. Manuscript Title
Evaluation of First Generation AAOS Clinical Guideline on Prevention of Venous Thromboembolism Events in Patients Undergoing Total Joint Arthroplasty: Experience in 3,289 Patients from a Single Institution

6. Manuscript Identifying Number (if you know it)
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Dr. Schutzer has nothing to disclose.

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1. Given Name (First Name) John	2. Surname (Last Name) Grady-Benson	3. Date 21-January-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Courtland Lewis
5. Manuscript Title Evaluation of First Generation AAOS Clinical Guideline on Prevention of Venous Thromboembolism Events in Patients Undergoing Total Joint Arthroplasty: Experience in 3,289 Patients from a Single Institution		
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Corresponding Author's Name

Courtland Lewis

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