

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Charles

2. Surname (Last Name)

Day

3. Date

11-March-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Need for Change: Analysis of FDA-Approved Orthopaedic Devices and Their Recalls

6. Manuscript Identifying Number (if you know it)

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

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Dr. Day 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)

Aldebarani

2. Surname (Last Name)

Gonzalez

3. Date

11-March-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Charles Day

5. Manuscript Title

Need for Change: Analysis of FDA-Approved Orthopaedic Devices and Their Recalls

6. Manuscript Identifying Number (if you know it)

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Dr. Gonzalez has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Nana	2. Surname (Last Name) Owusu-Sarpong	3. Date 11-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Charles Day
5. Manuscript Title Need for Change: Analysis of FDA-Approved Orthopaedic Devices and Their Recalls		
6. Manuscript Identifying Number (if you know it)  		

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Dr. Owusu-Sarpong 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) David	2. Surname (Last Name) Park	3. Date 11-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Charles Day
5. Manuscript Title Need for Change: Analysis of FDA-Approved Orthopaedic Devices and Their Recalls		
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Dr. Park 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)

Frederick

2. Surname (Last Name)

Rozenshteyn

3. Date

11-March-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Charles Day

5. Manuscript Title

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Dr. Rozenshteyn has nothing to disclose.

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