

Instructions

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Kwong 1



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Wu 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Xiang-Dong	2. Surname (Last Name) Wu		3. Date 21-March-2017		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Zheng-Liang Ma	ne		
5. Manuscript Title Does restrictive transfusion fit all patier	nts? A Systematic review ar	nd meta-analysis in orthoped	dic patients		
6. Manuscript Identifying Number (if you kr JBJS-D-17-00375R1	now it)				
Section 2. The Work Under Co	onsideration for Public	cation			
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No					
Section 3. Relevant financial	activities outside the s	submitted work.			
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Section 4. Intellectual Proper					
Intellectual Proper	rty Patents & Copyric	ghts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No		

Wu 2



Section 5. Polationships not severed above	
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement on occasion, journals may ask authors to disclose further information about reported relationships.	ıts.
Section 6. Disclosure Statement	
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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Given Name (First Name) Xiao-Ping	2. Surname (Last Name) Gu	3. Date 21-March-2017				
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Ma 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Zheng-Liang	rst Name)	2. Surname (Last Name) Ma		3. Date 21-March-2017	
4. Are you the cor	responding author?	✓ Yes No			
5. Manuscript Title Does restrictive t		nts? A Systematic review a	and meta-analysis in orthope	edic patients	
6. Manuscript Identifying Number (if you know it) JBJS-D-17-00375R1					
	ı				
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Ma 2



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