

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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patent



tion 1. Identifying I	nformation	
en Name (First Name) Bernard Jos	2. Surname (Last Name) Pph NAU	3. Date 10/09/2017
you the corresponding autho	r? Yes 🖌 No	
nuscript Title	Orthopedics In Haiti	
nuscript Identifying Number (i JB	f you know it) JS-D-17-00744R2	
nuscript Title nuscript Identifying Number (i	Orthopedics In Haiti	

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🗸 No

Are there any relevant conflicts of interest? Yes

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Dr. Nau has nothing to disclose.

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Section 1.	Identifying Info	ormation	
	irst Name) ichardson rresponding author?	2. Surname (Last Name) Vertilus Yes No	3. Date 10/09/2017
5. Manuscript Titl	e Orthopedics	s In Haiti	
6. Manuscript Ide	ntifying Number (if yo JE	u know it) BJS-D-17-00744R2	

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1. Given Name (First Name) Pierre Marie		2. Surname (Last Name) Woolley	3. Date 09/28/2017	
4. Are you the co	rresponding author?	Ves No		
5. Manuscript Tit	le Drthopaedics in H	aiti		
•	entifying Number (if you BJS-D-17-00744			

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