

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Borja	2. Surname (Last Name) Segarra	3. Date 18-September-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sanjeev Sabharwal
5. Manuscript Title Clinical Observership Opportunities in North America for International Orthopaedic Surgeons		
6. Manuscript Identifying Number (if you know it) 		

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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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Segarra has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Laura

2. Surname (Last Name)

Carrillo

3. Date

13-September-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Sanjeev Sabharwal

5. Manuscript Title

Clinical Observership Opportunities in North America for International Orthopaedic Surgeons

6. Manuscript Identifying Number (if you know it)

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Laura Carrillo has nothing to disclose.

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1. Given Name (First Name)
Sanjeev

2. Surname (Last Name)
Sabharwal

3. Date
20-September-2019

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

5. Manuscript Title
Clinical Observership Opportunities in North America for International Orthopaedic Surgeons

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Editorial Board member, JBJS

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