

## 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) Diarmuid	2. Surname (Last Name) Murphy	3. Date 12-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhen Chang Liang
5. Manuscript Title Novel coronavirus and Orthopaedic Surgery: Early experiences from Singapore		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00236		

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

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Murphy 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) James Hoi Po	2. Surname (Last Name) Hui	3. Date 12-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhen Chang Liang
5. Manuscript Title Novel coronavirus and Orthopaedic Surgery: Early experiences from Singapore		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Hui 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)  
Wilson Ee Jen

2. Surname (Last Name)  
Wang

3. Date  
12-March-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Zhen Chang Liang

5. Manuscript Title  
Novel coronavirus and Orthopaedic Surgery: Early experiences from Singapore

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-00236

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1. Given Name (First Name)

Zhen Chang

2. Surname (Last Name)

Liang

3. Date

06-March-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Novel coronavirus and Orthopaedic Surgery: Early experiences from Singapore

6. Manuscript Identifying Number (if you know it)

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