

#### **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.

### 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.

## Relationships not covered above.

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**Licensed:** The patent has been licensed to an entity, whether

earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Janis 1



Section 1. Identifying Info	ormation	l.				
1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Janis		. Date 1-March-2020			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name	خ			
5. Manuscript Title A Review of State Guidelines for Elec	ctive Orthopaedic Procedures	s during the COVID-19 Outbre	ak			
6. Manuscript Identifying Number (if yo JBJS-D-20-00510	u know it)	_				
Section 2						
	r Consideration for Publi					
Did you or your institution <b>at any time</b> rany aspect of the submitted work (include statistical analysis, etc.)?  Are there any relevant conflicts of in	ding but not limited to grants, d			c.) for		
Continue 2						
Section 3. Relevant financial activities outside the submitted work.						
Place a check in the appropriate box of compensation) with entities as de clicking the "Add +" box. You should Are there any relevant conflicts of in If yes, please fill out the appropriate	escribed in the instructions. Under the control of	se one line for each entity; add re <b>present during the 36 mo</b>	d as many lines as you need			
Name of Entity	Grant? Personal No	n-Financial Other? Comn	nents			
Daiichi Sankyo Inc.		Consulti	ng			
Allergen		Services	other than consulting			
Davol Inc.		Honorar	ia			
Pacira Pharmaceuticals		Services	other than consulting			

Janis 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
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. Janis reports personal fees from Daiichi Sankyo Inc., personal fees from Allergen, personal fees from Davol Inc., personal fees from Pacira Pharmaceuticals, outside the submitted work; .

#### **Evaluation and Feedback**

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 

Janis 3



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Ly 1



Section 1.	lentifying Inform	ation			
1. Given Name (First N Thuan		2. Surname (Last Name) Ly		3. Date 31-March-	2020
4. Are you the corresp	onding author?	✓ Yes No			
5. Manuscript Title A Review of State Gu	uidelines for Elective	e Orthopaedic Procedur	es during the COVI	D-19 Outbreak	
6. Manuscript Identify JBJS-D-20-00510	ing Number (if you kn	ow it)			
Section 2. Th	e Work Under Co	onsideration for Pub	lication		
any aspect of the subm statistical analysis, etc.) Are there any releval	nitted work (including )?	ve payment or services fro but not limited to grants, st? Yes V No			
Section 3. Re	elevant financial	activities outside the	submitted wor	k.	
of compensation) wi	ith entities as descri box. You should rep nt conflicts of intere		Use one line for eac	ch entity; add as many	lines as you need by
Name of Entity		Grant? Personal N	on-Financial Support?	er? Comments	
Medical Device Business	Services Inc.			Consulting	
Section 4. In	tellectual Proper	ty Patents & Copyı	rights		
Do you have any pat	ents, whether planr	ned, pending or issued,	broadly relevant to	the work? Yes	<b>√</b> No

Ly 2



Section 5. Polationships not severed above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Dr. Ly reports personal fees from Medical Device Business Services Inc., outside the submitted work; .

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Phieffer 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Laura	rst Name)	2. Surname (Last Name) Phieffer		3. Date 31-March-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Thuan V. Ly	Name
5. Manuscript Title A Review of State		e Orthopaedic Procedure	s during the COVID-19 Ou	utbreak
6. Manuscript Ider JBJS-D-20-00510	ntifying Number (if you kr	now it)	_	
Section 2.				
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	but not limited to grants, d		, commercial, private foundation, etc.) for y design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add Are there any rele	) with entities as descri	ibed in the instructions. Uport relationships that weest?	se one line for each entit	relationships (regardless of amount sy; add as many lines as you need by <b>6 months prior to publication</b> .
Name of Entity		Grant	n-Financial Other?	Comments
Johnson & Johnson		<b>✓</b>	Re	esearch support
Section 4.	•	r <b>ty Patents &amp; Copyri</b> ned, pending or issued, b		ork?
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Phieffer 2



Section 5. Polationships not severed above
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Dr. Phieffer reports grants from Johnson & Johnson, outside the submitted work; .

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Phieffer 3



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Quatman 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi Carmen	rst Name)	2. Surname (La Quatman	st Name)			3. Date 31-March-	2020	
4. Are you the cor	responding author?	Yes ✓	•	Corresponding Thuan V. Ly	g Author's Na	ame		
5. Manuscript Title A Review of State	e e Guidelines for Electiv	e Orthopaedic P	rocedures d	uring the CO\	/ID-19 Outk	oreak		
6. Manuscript lder JBJS-D-20-00510	ntifying Number (if you kr	now it)						
	l							
Section 2.	The Work Under Co	onsideration 1	for Publica	tion				
any aspect of the s statistical analysis, Are there any rel	titution <b>at any time</b> rece ubmitted work (including etc.)? evant conflicts of intere	but not limited to						
Section 3.	Relevant financial	activities outs	side the su	bmitted wo	rk.			
of compensation clicking the "Add Are there any rele	the appropriate boxes in the appropriate boxes in the appropriate boxes in the appropriate information the appropriate informatic in	bed in the instructions relationship est?  Yes	uctions. Use os that were	one line for e	ach entity;	add as many	lines as you	need by
Name of Entity		Grant? Pers	_	Financial Ot	ther? Co	mments		
Johnson & Johnson		<b>✓</b>			Resea	arch support		
Section 4.	Intellectual Proper		.,,			2		
Do you have any	patents, whether plan	ned, pending or	issued, broa	adly relevant t	to the work	? Yes	<b>√</b> No	

Quatman 2



Section 5. Polationships not severed above
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Dr. Quatman reports grants from Johnson & Johnson, outside the submitted work;

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Benjamin	2. Surname (Last Name) Sarac	3. Date 31-March-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Thuan V. Ly
5. Manuscript Title A Review of State Guidelines for Elective	e Orthopaedic Procedures	during the COVID-19 Outbreak
6. Manuscript Identifying Number (if you kn JBJS-D-20-00510	now it)	
Section 2. The Work Under Co	onsideration for Publi	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Proper	the Datasta & Commit	nhée .
Intellectual Proper	rty Patents & Copyri	gnts —
Do you have any patents, whether plant	ned, pending or issued, br	roadly relevant to the work? Yes V No



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Mr. Sarac has nothing to disclose.

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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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earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Nikolas	2. Surname (Last Name) Sarac		3. Date 31-March-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Thuan V. Ly	me
5. Manuscript Title A Review of State Guidelines for Elective	e Orthopaedic Procedures	during the COVID-19 Outbr	reak
6. Manuscript Identifying Number (if you kr JBJS-D-20-00510	now it)		
		_	
Section 2. The Work Under Co	onsideration for Publi	cation	
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Section 3. Relevant financial	activities outside the s	submitted work.	
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Section 4. Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes 🗸 No



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Relationships not covered above
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### Identifying information.

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Schoenbrunner 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Anna	2. Surname (Last Name) Schoenbrunner	3. Date 31-March-2020			
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Thuan V. Ly			
5. Manuscript Title A Review of State Guidelines for Electiv	e Orthopaedic Procedures	during the COVID-19 Outbreak			
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Sortion 2					
Section 2. The Work Under Co	onsideration for Public	cation			
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Section 3. Relevant financial	activities outside the	submitted work.			
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Section 4. Intellectual Proper	rty Patents & Copyri	ghts			
Do you have any patents, whether plan					

Schoenbrunner 2



Section 5. Polationships not savared above			
Relationships not covered above			
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Section 6. Disclosure Statement			
Disclosure Statement			
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Dr. Schoenbrunner has nothing to disclose.			

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Schoenbrunner 3



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patent

Harrison 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Ryan	2. Surname (Last Name) Harrison		3. Date 31-March-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Thuan V. Ly	ne		
5. Manuscript Title A Review of State Guidelines for Electiv	e Orthopaedic Procedures	s during the COVID-19 Outbro	eak		
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Harrison 2



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