

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.

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nicholas

2. Surname (Last Name)
DePhillipo

3. Date
05-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Robert LaPrade

5. Manuscript Title
Guidelines for the Utilization of Ambulatory and Outpatient Surgery Centers for the Care of Surgically Necessary / Time Sensitive Orthopaedic Cases in the Time of COVID-19

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00489

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

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Dr. DePhillipo 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) Christopher	2. Surname (Last Name) Larson	3. Date 05-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert LaPrade
5. Manuscript Title Guidelines for the Utilization of Ambulatory and Outpatient Surgery Centers for the Care of Surgically Necessary / Time Sensitive Orthopaedic Cases in the Time of COVID-19		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00489		

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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Dr. Larson has nothing to disclose.

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1. Given Name (First Name)
Owen

2. Surname (Last Name)
O'Neill

3. Date
05-April-2020

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☐ Yes ☒ No

Corresponding Author's Name
Robert LaPrade

5. Manuscript Title
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1. Given Name (First Name)
Robert

2. Surname (Last Name)
LaPrade

3. Date
05-April-2020

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ossur	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arthrex	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith & Nephew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. LaPrade reports grants and personal fees from Ossur, grants and personal fees from Arthrex, grants and personal fees from Smith & Nephew, outside the submitted work; .

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