

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Jacob

2. Surname (Last Name)

Oh

3. Date

09-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Tamara Lee Ting Soh

5. Manuscript Title

Spine Surgery and COVID-19: Challenges and Strategies From the Frontlines

6. Manuscript Identifying Number (if you know it)

JBJS-D-20-00503

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

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Dr. Oh has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Sean	2. Surname (Last Name) Ho	3. Date 09-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tamara Lee Ting Soh
5. Manuscript Title Spine Surgery and COVID-19: Challenges and Strategies From the Frontlines		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00503		

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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1. Given Name (First Name)
Wayne

2. Surname (Last Name)
Yap

3. Date
09-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Tamara Lee Ting Soh

5. Manuscript Title
Spine Surgery and COVID-19: Challenges and Strategies From the Frontlines

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1. Given Name (First Name)
Tamara

2. Surname (Last Name)
Soh

3. Date
06-April-2020

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

5. Manuscript Title
Spine Surgery and COVID-19: Challenges and Strategies from the Frontlines

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