

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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)  
Ermenegildo

2. Surname (Last Name)  
Giuzio

3. Date  
07-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Filippo Familiari

5. Manuscript Title  
Disruptive effect of CoViD-19 on orthopaedic daily practice: a cross-sectional survey

6. Manuscript Identifying Number (if you know it)

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Dr. Giuzio 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)

Filippo

2. Surname (Last Name)

Familiari

3. Date

07-April-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Disruptive effect of CoViD-19 on orthopaedic daily practice: a cross-sectional survey

6. Manuscript Identifying Number (if you know it)

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Dr. Familiari has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Francesco	2. Surname (Last Name) Ranuccio	3. Date 07-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Filippo Familiari
5. Manuscript Title Disruptive effect of CoViD-19 on orthopaedic daily practice: a cross-sectional survey		
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1. Given Name (First Name)  
Lorenzo

2. Surname (Last Name)  
Tarducci

3. Date  
07-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Filippo Familiari

5. Manuscript Title  
Disruptive effect of CoViD-19 on orthopaedic daily practice: a cross-sectional survey

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Valerio

2. Surname (Last Name)

Mastroianni

3. Date

07-April-2020

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☐ Yes☒ No

Corresponding Author's Name

Filippo Familiari

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Dr. Mastroianni has nothing to disclose.

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