

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)
Julie

2. Surname (Last Name)
Agel

3. Date
10-June-2020

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

5. Manuscript Title
The Fallacy of Follow-up: When do Orthopaedic Trauma Patients Actually Return to Clinic?

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00348R1

Section 2. The Work Under Consideration for Publication

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Dr. Agel 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)
Jonah

2. Surname (Last Name)
Hebert-Davies

3. Date
10-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Julie Agel

5. Manuscript Title

The Fallacy of Follow-up: When do Orthopaedic Trauma Patients Actually Return to Clinic?

6. Manuscript Identifying Number (if you know it)

JBJS-D-20-00348R1

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Dr. Hebert-Davies has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Conor	2. Surname (Last Name) Kleweno	3. Date 10-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Julie Agel
5. Manuscript Title The Fallacy of Follow-up: When do Orthopaedic Trauma Patients Actually Return to Clinic?		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00348R1		

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Avery

2. Surname (Last Name)
Novak

3. Date
10-June-2020

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☐ Yes ☒ No

Corresponding Author's Name
Julie Agel

5. Manuscript Title
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Section 1. Identifying Information

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Aaron

2. Surname (Last Name)

Robertson

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10-June-2020

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☐ Yes ☒ No

Corresponding Author's Name

Julie Agel

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Dr. Robertson has nothing to disclose.

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