

## 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)  
Ajit

2. Surname (Last Name)  
Deshmukh

3. Date  
06-July-2015

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

5. Manuscript Title  
The Present and Future of Genomics in Adult Reconstruction Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)

### 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.)?

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Dr. Deshmukh has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ameer	2. Surname (Last Name) Elbuluk	3. Date 20-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Ajit Deshmukh
5. Manuscript Title The Present and Future of Genomics in Adult Reconstruction Orthopaedic Surgery		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-15-00064		

### Section 2. The Work Under Consideration for Publication

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

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Dr. Elbuluk has nothing to disclose.

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20-August-2015

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Corresponding Author's Name

Dr. Ajit Deshmukh

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