

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jeffrey A.

2. Surname (Last Name)

Rihn MD

3. Date

21-December-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Joseph T. Labrum IV MD

5. Manuscript Title

Access to Orthopaedic Care

6. Manuscript Identifying Number (if you know it)

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. Jeffrey A. Rihn MD has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Joseph T.

2. Surname (Last Name)

Labrum IV

3. Date

21-December-2017

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

Access to Orthopaedic Care

6. Manuscript Identifying Number (if you know it)

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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Yes



No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes



No

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Dr. Joseph T. Labrum IV has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michael A.	2. Surname (Last Name) Markovitz	3. Date 21-December-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Joseph T. Labrum IV MD
5. Manuscript Title Access to Orthopaedic Care		
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Michael A. Markovitz has nothing to disclose.

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1. Given Name (First Name) Shyam A.	2. Surname (Last Name) Patel	3. Date 21-December-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Joseph T. Labrum IV MD
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