

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.

1. Identifying information.

2. The work under consideration for publication.

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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)

Omar

2. Surname (Last Name)

Selim

3. Date

09-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dr Saad Lakhani

5. Manuscript Title

Arthroscopic simulation-The future of surgical training, A systematic review of the literature

6. Manuscript Identifying Number (if you know it)

REVIEWS-D-20-00076

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

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Dr. Selim has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Muhammad Zahid

2. Surname (Last Name)

Saeed

3. Date

06-September-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dr Saad Lakhani

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Saad

2. Surname (Last Name)
Lakhani

3. Date
06-July-2020

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