

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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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)

Sam

2. Surname (Last Name)

Rudisill

3. Date

27-November-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael Kucharik

5. Manuscript Title

Elective Orthopaedic Surgery in the Era of COVID-19: Summary of Current Guidelines and Roadmap to Resumption and Safe Continuation

6. Manuscript Identifying Number (if you know it)

REVIEWS-D-20-00193

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Are there any relevant conflicts of interest?

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☒ No

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Mr. Rudisill 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) Wendy	2. Surname (Last Name) Meek	3. Date 27-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael Kucharik
5. Manuscript Title Elective Orthopaedic Surgery in the Era of COVID-19: Summary of Current Guidelines and Roadmap to Resumption and Safe Continuation		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-20-00193		

### 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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Ms. Meek has nothing to disclose.

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1. Given Name (First Name)  
Scott

2. Surname (Last Name)  
Martin

3. Date  
27-November-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michael Kucharik

5. Manuscript Title  
Elective Orthopaedic Surgery in the Era of COVID-19: Summary of Current Guidelines and Roadmap to Resumption and Safe Continuation

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Dr. Martin has nothing to disclose.

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1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Kucharik

3. Date  
27-November-2020

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