ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name): Theodore
2. Surname (Last Name): Parsons III
3. Date: 23-June-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Toufic R. Jildeh

5. Manuscript Title: Leadership In Orthopaedic Surgery
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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Parsons III has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Laith
2. Surname (Last Name): Hasan
3. Date: 23-June-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Toufic R. Jildeh, MD

5. Manuscript Title: Leadership in Orthopaedic Surgery
6. Manuscript Identifying Number (if you know it):

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

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Dr. Hasan has nothing to disclose.

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1. Given Name (First Name): Toufic
2. Surname (Last Name): Jildeh
3. Date: 23-June-2020

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

5. Manuscript Title: Leadership in Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it):

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2. Surname (Last Name): Okoroha
3. Date: 23-June-2020
4. Are you the corresponding author? ☐ Yes ☑ No

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