



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Toufic

2. Surname (Last Name)

Jildeh

3. Date

20-January-2021

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Informed Consent for the Orthopaedic Surgeon

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.)?

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

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

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Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Jildeh has nothing to disclose.

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1. Given Name (First Name)

Muhammad

2. Surname (Last Name)

Abbas

3. Date

20-January-2021

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☐ Yes

☒ No

Corresponding Author's Name

Toufic Jildeh

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1. Given Name (First Name)

Meredith

2. Surname (Last Name)

Hengy

3. Date

20-January-2021

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Toufic Jildeh

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Section 1. Identifying Information

1. Given Name (First Name)

Hannah

2. Surname (Last Name)

O'Brien

3. Date

20-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Toufic Jildeh

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1. Given Name (First Name) Kelechi	2. Surname (Last Name) Okoroha	3. Date 20-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Toufic Jildeh
5. Manuscript Title Informed Consent for the Orthopaedic Surgeon		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hospitality Payments	X
Arthrex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Education Support	X
Smith & Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Education Support	X
Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hospitality Payment	X
ADD						



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1. Given Name (First Name) G. Sal	2. Surname (Last Name) Gani	3. Date 08-April-2021
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