ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Charles

2. Surname (Last Name)  
   Day

3. Date  
   11-March-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Need for Change: Analysis of FDA-Approved Orthopaedic Devices and Their Recalls

6. Manuscript Identifying Number (if you know it)

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   No

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Dr. Day has nothing to disclose.

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<tr>
<td>Aldebarani</td>
<td>Gonzalez</td>
<td>11-March-2015</td>
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</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
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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  
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Dr. Gonzalez has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nana

2. Surname (Last Name)  
   Owusu-Sarpong

3. Date  
   11-March-2015

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Charles Day

5. Manuscript Title  
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Dr. Owusu-Sarpong has nothing to disclose.

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   David

2. Surname (Last Name)  
   Park

3. Date  
   11-March-2015

4. Are you the corresponding author?  
   ☑ No

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<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Charles Day</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Need for Change: Analysis of FDA-Approved Orthopaedic Devices and Their Recalls</td>
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Are there any relevant conflicts of interest?  Yes ✔ No

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Dr. Rozenshteyn has nothing to disclose.

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