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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Juan
2. Surname (Last Name)  Pretell-Mazzini
3. Date  31-July-2015
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title  HIV and Orthopaedics: Musculoskeletal Manifestations and Outcomes.
6. Manuscript Identifying Number (if you know it)  JBJS-D-15-00335

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.)?
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Dr. Pretell-Mazzini has nothing to disclose.

Evaluation and Feedback

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<td>Rafael</td>
<td>Campo</td>
<td>31-July-2015</td>
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4. Are you the corresponding author? [ ] Yes [X] No

Corresponding Author’s Name
Juan Pretell-Mazzini

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<td>Ty</td>
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1. **Given Name (First Name)**  
   Victor Hugo

2. **Surname (Last Name)**  
   Hernandez

3. **Date**  
   31-July-2015

4. **Are you the corresponding author?**  
   No

   **Corresponding Author’s Name**  
   Juan Pretell-Mazzini

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