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) Barclay
2. Surname (Last Name) Stewart
3. Date 20-November-2015
4. Are you the corresponding author? ✔ Yes ☐ No

5. Manuscript Title
Orthopedic care capacity assessment and strategic planning in Ghana: mapping a way forward

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
If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Grants R25-TW009345 and D43-TW007267 from the Fogarty International Center, U.S. National Institutes of Health

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Section 6. Disclosure Statement

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Dr. Stewart reports grants from NIH, during the conduct of the study.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Adam

2. Surname (Last Name)  
   Gyedu

3. Date  
   19-November-2015

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

Corresponding Author’s Name  
Barclay Stewart

5. Manuscript Title  
Orthopedic care capacity assessment and strategic planning in Ghana: mapping a way forward

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Yes ☐  No ☑

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Dr. Gyedu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Charles

2. Surname (Last Name)  
   Mock

3. Date  
   20-November-2015

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

   Corresponding Author’s Name  
   Barclay Stewart

5. Manuscript Title  
   Orthopedic care capacity assessment and strategic planning in Ghana: mapping a way forward

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Dr. Mock has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 
Dominic

2. Surname (Last Name) 
Yeboah

3. Date
20-November-2015

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

Corresponding Author’s Name
Barclay Stewart

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

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1. Given Name (First Name)  
   Forster

2. Surname (Last Name)  
   Amponsah-Manu

3. Date  
   20-November-2015

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

   Corresponding Author's Name  
   Barclay Stewart

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Dr. Amponsah-Manu has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

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<td>Tansley</td>
<td>20-November-2015</td>
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<th>4. Are you the corresponding author?</th>
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Corresponding Author’s Name

Barclay Stewart

5. Manuscript Title

Orthopedic care capacity assessment and strategic planning in Ghana: mapping a way forward

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.)?

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Quansah
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<tr>
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<td>Quansah</td>
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   - No  
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