

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Pending: The patent has been filed but not issued

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nancy

2. Surname (Last Name)
Cummings

3. Date
07-November-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Orthopaedic Care in Underserved Areas—what are we going to do?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Cummings has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Luke	2. Surname (Last Name) Harmer	3. Date 03-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nancy Cummings, MD
5. Manuscript Title Orthopaedic Care in Underserved Areas: What are we going to do? (AOA Critical Issues)		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Harmer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Gordon

2. Surname (Last Name)
Smith

3. Date
07-November-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Orthopedic Care in Underserved Areas - What are we going to do?

6. Manuscript Identifying Number (if you know it)

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Dr. Smith has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andreas	2. Surname (Last Name) Loefer	3. Date 16-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nancy Cummings, MD
5. Manuscript Title Orthopaedic Care in Underserved Areas--What are we going to do?		
6. Manuscript Identifying Number (if you know it)		

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Dr. Loeffler has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bas	2. Surname (Last Name) Masri	3. Date 13-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nancy Cummings, MD
5. Manuscript Title Orthopaedic Care in Underserved Areas: What are we going to do? (AOA Critical Issues)		
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