ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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<tr>
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<tr>
<td>Ogedad</td>
<td>Pierre</td>
<td>31-August-2017</td>
</tr>
</tbody>
</table>

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

   Corresponding Author's Name  
   Lia Losonczy

5. Manuscript Title  
The Use of Emergency Physicians to Deliver Anesthesia for Orthopedic Surgery in Austere Environments; the Expansion of the Emergency Physicians General Anesthesia Syllabus (EP GAS) to Orthopedic Surgery (Ortho GAS)

6. Manuscript Identifying Number (if you know it)  
JBJS-D-16-01481R1

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Dr. Pierre has nothing to disclose.

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<tr>
<td>John</td>
<td>Lovejoy</td>
<td>29-August-2017</td>
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   - No  

<table>
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<td>Lia Losonczy</td>
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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Stanton

3. Date  
   30-August-2017

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Lia Losonczy

5. Manuscript Title  
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<tr>
<td>Richard</td>
<td>Skupski</td>
<td>27-August-2017</td>
</tr>
</tbody>
</table>

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

- ✔ No

**Corresponding Author’s Name**  
Lia Losonczy

5. Manuscript Title  
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Skupski
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<tr>
<td>Harold</td>
<td>Previl</td>
<td>29-August-2017</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name

Lia Losonczy

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jerry
2. Surname (Last Name)  Benard
3. Date  31-August-2017
4. Are you the corresponding author?  Yes  ✔ No
5. Manuscript Title
The Use of Emergency Physicians to Deliver Anesthesia for Orthopedic Surgery in Austere Environments; the Expansion of the Emergency Physicians General Anesthesia Syllabus (EP GAS) to Orthopedic Surgery (Ortho GAS)
6. Manuscript Identifying Number (if you know it)
JBJS-D-16-01481R1

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.
Are there any relevant conflicts of interest?  Yes  ✔ No

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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Benard has nothing to disclose.

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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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Section 1. Identifying Information

1. Given Name (First Name) Lia
2. Surname (Last Name) Losonczy
3. Date 29-August-2017
4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
The Use of Emergency Physicians to Deliver Anesthesia for Orthopedic Surgery in Austere Environments; the Expansion of the Emergency Physicians General Anesthesia Syllabus (EP GAS) to Orthopedic Surgery (Ortho GAS)

6. Manuscript Identifying Number (if you know it) JBJS-D-16-01481R1

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

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Dr. Losonczy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Mark
2. Surname (Last Name)  Walsh
3. Date  31-August-2017

4. Are you the corresponding author?  No

Corresponding Author’s Name  Lia Losonczy

5. Manuscript Title
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