

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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ogedad

2. Surname (Last Name)
Pierre

3. Date
31-August-2017

4. Are you the corresponding author?

Yes 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Lovejoy	3. Date 29-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
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Dr. Stanton 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) Richard	2. Surname (Last Name) Skupski	3. Date 27-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
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Dr. Skupski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Harold

2. Surname (Last Name)
Previl

3. Date
29-August-2017

4. Are you the corresponding author?

Yes 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)

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Dr. Previl has nothing to disclose.

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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

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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Are there any relevant conflicts of interest? Yes No

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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)

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1. Given Name (First Name) Mark	2. Surname (Last Name) Walsh	3. Date 31-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
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