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) 
Ravi

2. Surname (Last Name) 
Agrawal

3. Date 
22-April-2019

4. Are you the corresponding author? ☑ Yes  No

Corresponding Author’s Name
Xinning Li, MD

5. Manuscript Title
The Impact of Socioeconomic Status on Outcomes in Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)

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Ravi Agrawal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)   Chris
2. Surname (Last Name)       Li
3. Date                      22-April-2019
4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author's Name
   Xinning Li, MD
5. Manuscript Title
   The Impact of Socioeconomic Status on Outcomes in Orthopaedic Surgery
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Chris Li has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Emily

2. Surname (Last Name)  
   Curry

3. Date  
   22-April-2019

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

Corresponding Author’s Name  
Xinning Li, MD

5. Manuscript Title  
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Emily Curry has nothing to disclose.

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<thead>
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<th>1. Given Name (First Name)</th>
<th>Joseph</th>
</tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Galvin</td>
</tr>
<tr>
<td>3. Date</td>
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</tr>
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Dr. Galvin has nothing to disclose.

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1. Given Name (First Name)  
   Xinning

2. Surname (Last Name)  
   Li

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   22-April-2019

4. Are you the corresponding author?  
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   No

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If yes, please fill out the appropriate information below.

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Dr. Li reports other from JoMI, outside the submitted work.

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