

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Hutchinson	3. Date 11-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Garrett Schwarzman
5. Manuscript Title Revisiting Orthopedic Surgery Residents views of the CDC and AAOS precautionary guidelines for HIV		
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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Dr. Hutchinson has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Danil	2. Surname (Last Name) Rybalko	3. Date 11-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Garrett Schwarzman
5. Manuscript Title Revisiting Orthopedic Surgery Residents views of the CDC and AAOS precautionary guidelines for HIV		
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Dr. Rybalko has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Garrett

2. Surname (Last Name)

Schwarzman

3. Date

11-June-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Revisiting Orthopedic Surgery Residents views of the CDC and AAOS precautionary guidelines for HIV

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Richard

2. Surname (Last Name)

Danilkowicz

3. Date

11-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Garrett Schwarzman

5. Manuscript Title

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