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)  
   Jessica
2. Surname (Last Name)  
   Healey
3. Date  
   24-November-2014
4. Are you the corresponding author?  
   [ ] Yes  ✔ No
5. Manuscript Title  
   Improving Operating Room Efficiency-Part A: Strategies before Reaching the Operating Room

## Section 2. The Work Under Consideration for Publication

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Dr. Healey has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Khaled

2. Surname (Last Name)  
   Saleh

3. Date  
   24-November-2014

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
   Improving Operating Room Efficiency-Part A: Strategies before Reaching the Operating Room

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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Dr. Saleh reports grants from OREF, Smith & Nephew, personal fees from Aesculap, MMC Co-Management Orthopaedic Board, other from Watermark Risk Management Board, BCBSA (Blue Distinction Panel Hip/Knee/Spine), other from Elsevier Science, Aesculap, other from AOA – Finance Committee

OREF: Industry Relations Committee/Clinical Research Awards Committee, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Mouhanad
2. Surname (Last Name)  El-Othmani
3. Date  24-November-2014
4. Are you the corresponding author?  Yes  No
   ✔
   Corresponding Author’s Name  Khaled J Saleh
5. Manuscript Title
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4. Are you the corresponding author? □ Yes ✔ No

Corresponding Author's Name
Khaled J Saleh

5. Manuscript Title
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1. Given Name (First Name) Travis
2. Surname (Last Name) Healey
3. Date 24-November-2014
4. Are you the corresponding author? ☑ No
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