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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Bosco

3. Date  
   19-May-2015

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Lorraine Hutzler

5. Manuscript Title  
Wrong-Site Surgery in Orthopaedics: Incidence, Risk Factors and Strategies for Prevention

6. Manuscript Identifying Number (if you know it)

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Dr. Bosco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   William  
2. Surname (Last Name)  
   Robb  
3. Date  
   19-May-2015  
4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
   Corresponding Author’s Name  
   Lorraine Hutzler  
5. Manuscript Title  
   Wrong-Site Surgery in Orthopaedics: Incidence, Risk Factors and Strategies for Prevention  
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Dr. Robb has nothing to disclose.

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1. Given Name (First Name)  
Lauren

2. Surname (Last Name)  
Santiesteban

3. Date  
29-July-2015

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Lorraine Hutzler

5. Manuscript Title  
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   Lorraine  
2. Surname (Last Name)  
   Hutzler  
3. Date  
   19-May-2015  
4. Are you the corresponding author?  
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   No
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