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.

1. **Identifying information.**
2. **The work under consideration for publication.**
   
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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mahmoud  

2. Surname (Last Name)  
   Aldyab  

3. Date  
   20-July-2017  

4. Are you the corresponding author?  
   Yes  ✔  No  

   Corresponding Author’s Name  
   Andrew Rosenbaum  

5. Manuscript Title  
   Orthopaedic Primer of Nutritional Requirements for Patients with Musculoskeletal Problems  

6. Manuscript Identifying Number (if you know it)  
   Reviews-D-17-00071

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   Yes  ✔  No

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Are there any relevant conflicts of interest?  
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Dr. Aldyab has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joe
2. Surname (Last Name) Messana
3. Date 28-April-2017
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title Orthopaedic Primer of Nutritional Requirements for Patients with Musculoskeletal Problems
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
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Dr. Messana has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Andrew

2. Surname (Last Name)  
Rosenbaum

3. Date  
20-July-2017

4. Are you the corresponding author?  
☑ Yes  ❏ No

5. Manuscript Title  
Orthopaedic Primer of Nutritional Requirements for Patients with Musculoskeletal Problems

6. Manuscript Identifying Number (if you know it)  
Reviews-D-17-00071

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Dr. Rosenbaum has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Richard

2. Surname (Last Name)  
   Uhl

3. Date  
   20-July-2017

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Andrew Rosenbaum

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Dr. Uhl has nothing to disclose.

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