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)  
   Phillip

2. Surname (Last Name)  
   Ahrens

3. Date  
   17-February-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Sami Rashed

5. Manuscript Title  
   The Role of Arthroscopic Simulation in Training & Teaching the Surgical Skills

6. Manuscript Identifying Number (if you know it)

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Dr. Ahrens has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Nimalan

2. Surname (Last Name)  
   Maruthainar

3. Date  
   17-February-2018

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

   Corresponding Author’s Name  
   Sami Rashed

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   [ ] Yes  
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Mr Nimalan Maruthainar has nothing to disclose.

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1. Given Name (First Name)  
   Muhammad Zahid

2. Surname (Last Name)  
   Saeed

3. Date  
   17-February-2018

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

   Corresponding Author's Name  
   Sami Rashed

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Mr Muhammad Zahid Saeed has nothing to disclose.

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<tbody>
<tr>
<td>Sami</td>
<td>Rashed</td>
<td>22-January-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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Mr Rashed has nothing to disclose.

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<tr>
<td>Nicholas</td>
<td>Garlick</td>
<td>17-February-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [x] No  
Corresponding Author’s Name: Sami Rashed

5. Manuscript Title  
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Dr. Garlick has nothing to disclose.

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