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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<tr>
<th>1. Given Name (First Name)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Andrew</td>
<td>Pepper</td>
<td>15-February-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   **Total Hip and Knee Arthroplasty Perioperative Pain Management: What Should Be In the Cocktail**

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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   ✔ No

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Dr. Pepper has nothing to disclose.

Evaluation and Feedback

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<tbody>
<tr>
<td>Jonathan</td>
<td>Vigdorchik</td>
<td>16-February-2018</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Total Hip and Knee Arthroplasty Perioperative Pain Management: What Should Be In the Cocktail

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## Section 2. The Work Under Consideration for Publication

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Dr. Vigdorchik has nothing to disclose.

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1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Mercuri

3. Date  
   15-February-2018

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

   Corresponding Author’s Name  
   Omar A Behery

5. Manuscript Title  
   Total Hip and Knee Arthroplasty Perioperative Pain Management: What Should Be In the Cocktail

6. Manuscript Identifying Number (if you know it)  
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1. Given Name (First Name)  
   Omar

2. Surname (Last Name)  
   Behery

3. Date  
   14-February-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

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