ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Steven
2. Surname (Last Name) Fitzgerald
3. Date 26-March-2018
4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name Nikunj Trivedi
5. Manuscript Title
   Venous Thromboembolism Chemoprophylaxis in Total Hip and Knee Arthroplasty: A Critical Analysis Review
6. Manuscript Identifying Number (if you know it)
   D-18-00010R1

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Dr. Fitzgerald has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Glenn
2. Surname (Last Name)  Wera
3. Date  26-March-2018
4. Are you the corresponding author?  
   - Yes
   - No
   ✔

Corresponding Author’s Name

Nikunj Trivedi

5. Manuscript Title

Venous Thromboembolism Chemoprophylaxis in Total Hip and Knee Arthroplasty: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

REVIEWS-D-18-00010R1

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American Academy of Orthopaedic Surgeons Committee Member

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Dr. Wera reports American Academy of Orthopaedic Surgeons Committee Member.

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Section 1. Identifying Information

1. Given Name (First Name)  Nikunj
2. Surname (Last Name)  Trivedi
3. Date  26-March-2018
4. Are you the corresponding author?  ✔ No

5. Manuscript Title
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   Alvin

2. Surname (Last Name)  
   Schmaier

3. Date  
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Corresponding Author's Name  
Nick Trivedi

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