

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) Steven	2. Surname (Last Name) Fitzgerald	3. Date 26-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest? Yes No

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Dr. Fitzgerald has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Glenn	2. Surname (Last Name) Wera	3. Date 26-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nikunj Trivedi
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American Academy of Orthopaedic Surgeons Committee Member

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1. Given Name (First Name)
Nikunj

2. Surname (Last Name)
Trivedi

3. Date
26-March-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
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