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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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.

5. **Relationships not covered above.**

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- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Toufic
2. Surname (Last Name)  Jildeh
3. Date  06-August-2018
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Social Media Use for Orthopaedic Surgeons

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-18-00085

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?  Yes  No

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Dr. Jildeh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kelechi
2. Surname (Last Name) Okoroha
3. Date 06-August-2018

4. Are you the corresponding author? 
   Yes  No

   Corresponding Author’s Name
   Toufic Jildeh

5. Manuscript Title
   Social Media Use for Orthopaedic Surgeons

6. Manuscript Identifying Number (if you know it)
   REVIEW-D-18-00085

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Okoro has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   S. Trent

2. Surname (Last Name)  
   Guthrie

3. Date  
   06-August-2018

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

Corresponding Author’s Name  
Toufic Jildeh

5. Manuscript Title  
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1. Given Name (First Name)  
   Theodore

2. Surname (Last Name)  
   Parsons

3. Date  
   06-August-2018

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

   Corresponding Author’s Name  
   Toufic Jildeh

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