

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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) John	2. Surname (Last Name) Tokish	3. Date 03-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chung, Andrew
5. Manuscript Title Clinical Efficacy of Liposomal Bupivacaine: A Systematic Review of Prospective, Randomized Controlled Trials in Orthopaedic Surgery		
6. Manuscript Identifying Number (if you know it)		

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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tokish has nothing to disclose.

Evaluation and Feedback

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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) Hatrup 3. Date 12-November-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Andrew Chung D.O.

5. Manuscript Title
Clinical Efficiency of Liposomal Bupivacaine: A Systematic Review of Prospective, Randomized Control Trials in Orthopedic Surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Hatstrup reports personal fees from Zimmer Biomet, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Chung

3. Date
04-January-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical Efficacy of Liposomal Bupivacaine: A Systematic Review of Prospective, Randomized Controlled Trials in Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)
D-18-00192

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1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Abildgaard	3. Date 13-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chung
5. Manuscript Title Clinical Efficacy of Liposomal Bupivacaine: A Systematic Review of Prospective, Randomized Controlled Trials in Orthopaedic Surgery		
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