

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name) Adam	2. Surname (Last Name) Bitterman	3. Date 17-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicholas Frane
5. Manuscript Title Radiation Exposure in Orthopedics		
6. Manuscript Identifying Number (if you know it)		

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Dr. Bitterman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nicholas

2. Surname (Last Name)
Frane

3. Date
17-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Radiation Exposure in Orthopedics

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Frane has nothing to disclose.

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1. Given Name (First Name) Maximillian	2. Surname (Last Name) Ganz	3. Date 17-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicholas Frane
5. Manuscript Title Radiation Exposure in Orthopedics		
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Maximillian Ganz has nothing to disclose.

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1. Given Name (First Name) Erik	2. Surname (Last Name) Stapleton	3. Date 17-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicholas Frane
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