

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jean	2. Surname (Last Name) Eloy	3. Date 18-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Beebe
5. Manuscript Title The Use of the H-Index in Academic Orthopedic Surgery		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Eloy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Joseph	2. Surname (Last Name) Ippolito	3. Date 18-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Beebe
5. Manuscript Title The Use of the H-Index in Academic Orthopedic Surgery		
6. Manuscript Identifying Number (if you know it)		

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Mr. Ippolito has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kathleen

2. Surname (Last Name)
Beebe

3. Date
18-November-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Use of the H-Index in Academic Orthopedic Surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Beebe has nothing to disclose.

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1. Given Name (First Name) Sevag	2. Surname (Last Name) Bastian	3. Date 18-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kathleen Beebe
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