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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) George
2. Surname (Last Name) Maliha
3. Date 11-April-2016
4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author’s Name Joseph Bernstein
5. Manuscript Title Levels of Influence: The Prevalence of Conflicts of Interest in Orthopaedic, Pediatric and Internal Medicine Journals
6. Manuscript Identifying Number (if you know it)

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Dr. Maliha has nothing to disclose.

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>joseph</td>
<td>bernstein</td>
<td>11-April-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ Yes  
   □ No

5. Manuscript Title  
   Levels of Influence: The Prevalence of Conflicts of Interest in Orthopaedic, Pediatric and Internal Medicine Journals

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### Section 2. The Work Under Consideration for Publication

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Dr. Bernstein has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Jaimo

2. **Surname (Last Name)**
   Ahn

3. **Date**
   12-April-2016

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

   **Corresponding Author's Name**
   Bernstein J

5. **Manuscript Title**
   Levels of Influence: The Prevalence of Conflicts of Interest in Orthopaedic, Pediatric and Internal Medicine Journals

6. **Manuscript Identifying Number (if you know it)**

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Dr. Ahn has nothing to disclose.

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1. Given Name (First Name)  Jillian
2. Surname (Last Name)  Bernstein
3. Date  11-April-2016
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