

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Backstein	3. Date 12-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jesse Wolfstadt
5. Manuscript Title To Admit of Not Admit: The Development of a Pathway for Outpatient Ambulatory Fracture Surgery		
6. Manuscript Identifying Number (if you know it) D-19-00634		

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

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Dr. Backstein 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)

Jesse

2. Surname (Last Name)

Wolfstadt

3. Date

12-July-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

To Admit or Not to Admit: The Development of a Standardized Pathway for Outpatient Ambulatory Fracture Surgery

6. Manuscript Identifying Number (if you know it)

JBJS-D-19-00634

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

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Dr. Wolfstadt 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)

Lisa

2. Surname (Last Name)

Wayment

3. Date

12-July-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jesse Wolfstadt

5. Manuscript Title

To Admit or Not to Admit: The Development of a Standardized Pathway for Outpatient Ambulatory Fracture Surgery

6. Manuscript Identifying Number (if you know it)

JBJS-D-19-00634

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Martin	2. Surname (Last Name) Koyle	3. Date 12-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jesse Wolfstadt
5. Manuscript Title To Admit or Not to Admit: The Development of a Standardized Pathway for Outpatient Ambulatory Fracture Surgery		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00634		

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Dr. Koyle has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Sarah

2. Surname (Last Name)

Ward

3. Date

12-July-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jesse Wolfstadt

5. Manuscript Title

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Dr. Ward has nothing to disclose.

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