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)  
   Nicholas

2. Surname (Last Name)  
   DePhillipo

3. Date  
   05-April-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No
   Corresponding Author’s Name  
   Robert LaPrade

5. Manuscript Title  
   Guidelines for the Utilization of Ambulatory and Outpatient Surgery Centers for the Care of Surgically Necessary / Time Sensitive Orthopaedic Cases in the Time of COVID-19

6. Manuscript Identifying Number (if you know it)  
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Dr. DePhillipo has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
Larson

3. Date  
05-April-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Robert LaPrade

5. Manuscript Title  
Guidelines for the Utilization of Ambulatory and Outpatient Surgery Centers for the Care of Surgically Necessary / Time Sensitive Orthopaedic Cases in the Time of COVID-19

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Dr. Larson has nothing to disclose.

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1. Given Name (First Name)  
   Owen

2. Surname (Last Name)  
   O’Neill

3. Date  
   05-April-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name  
   Robert LaPrade

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   Robert

2. Surname (Last Name)  
   LaPrade

3. Date  
   05-April-2020

4. Are you the corresponding author?  
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   No

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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