ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Jacob
2. Surname (Last Name)  Oh
3. Date  09-April-2020
4. Are you the corresponding author?  ✔ No

Corresponding Author's Name  Tamara Lee Ting Soh

5. Manuscript Title  Spine Surgery and COVID-19: Challenges and Strategies From the Frontlines

6. Manuscript Identifying Number (if you know it)  JBJS-D-20-00503

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Oh has nothing to disclose.

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Identifying Information

1. Given Name (First Name)  
Sean

2. Surname (Last Name)  
Ho

3. Date  
09-April-2020

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

Corresponding Author’s Name  
Tamara Lee Ting Soh

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Dr. Ho has nothing to disclose.

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1. Given Name (First Name)     Wayne
2. Surname (Last Name)          Yap
3. Date                         09-April-2020
4. Are you the corresponding author? □ Yes  ✔ No
   Corresponding Author’s Name
   Tamara Lee Ting Soh

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<td>1. Given Name (First Name)</td>
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<td>Tamara</td>
<td>Soh</td>
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<td>3. Date</td>
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<td>4. Are you the corresponding author?</td>
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<td>✔ Yes</td>
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