ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ming Ann  
2. Surname (Last Name)  Sim  
3. Date  02-April-2020  
4. Are you the corresponding author?  Yes  No  
Corresponding Author’s Name  Zhen Chang Liang  
5. Manuscript Title  Surgical considerations in COVID-19 patients: What Orthopaedic Surgeons should know  
6. Manuscript Identifying Number (if you know it)  JBJS-D-20-00513

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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Section 6. Disclosure Statement

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Dr. Sim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Zhen Chang

2. Surname (Last Name)  
   Liang

3. Date  
   02-April-2020

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

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Joel Louis

2. Surname (Last Name)  
   Lim

3. Date  
   02-April-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Zhen Chang Liang

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Dr. Lim 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)  
Lian Kah

2. Surname (Last Name)  
Ti

3. Date  
02-April-2020

4. Are you the corresponding author?  
☑ Yes ☐ No  
Corresponding Author’s Name  
Zhen Chang Liang

5. Manuscript Title  
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Chong 1
## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Mark Seng Ye

2. Surname (Last Name)  
   Chong

3. Date  
   02-April-2020

4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
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   Zhen Chang Liang

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<tr>
<td>Pablo</td>
<td>Castaneda</td>
<td>02-April-2020</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author's Name
Zhen Chang Liang

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

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<td>Daniel W.</td>
<td>Green</td>
<td>02-April-2020</td>
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4. Are you the corresponding author?  
   - Yes  
   - No

Corresponding Author’s Name  
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1. Given Name (First Name) Dale
2. Surname (Last Name) Fisher
3. Date 02-April-2020

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

Corresponding Author’s Name
Zhen Chang Liang

5. Manuscript Title
Surgical considerations in COVID-19 patients: What Orthopaedic Surgeons should know

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Section 1. Identifying Information

1. Given Name (First Name) 
Diarmuid

2. Surname (Last Name) 
Murphy

3. Date 
02-April-2020

4. Are you the corresponding author? 
☑ Yes ☐ No 
Corresponding Author’s Name 
Zhen Chang Liang

5. Manuscript Title 
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<tr>
<td>James Hoi Po</td>
<td>Hui</td>
<td>02-April-2020</td>
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   - [ ] Yes  
   - [x] No  
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   Zhen Chang Liang

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