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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**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>Luke</td>
<td>Oh</td>
<td>13-April-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name

Miho J. Tanaka, MD

5. Manuscript Title

Telemedicine in the Era of COVID-19: The Virtual Orthopaedic Examination

6. Manuscript Identifying Number (if you know it)

JBJS-D-20-00609

**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. Oh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Eric
2. Surname (Last Name)  Berkson
3. Date  13-April-2020
4. Are you the corresponding author?  Yes
5. Manuscript Title
   Telemedicine in the Era of COVID-19: The Virtual Orthopaedic Examination
6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-00609

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.)?
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Are there any relevant conflicts of interest?  Yes

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes

Berkson
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Section 5. Relationships not covered above

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Section 1. Identifying Information

1. Given Name (First Name)  Scott
2. Surname (Last Name)  Martin
3. Date  12-April-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Miho J. Tanaka, MD
5. Manuscript Title  Telemedicine in the Era of COVID-19: The Virtual Orthopaedic Examination
6. Manuscript Identifying Number (if you know it)  JBJS-D-20-00609

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Dr. Martin has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Miho

2. Surname (Last Name)  
   Tanaka

3. Date  
   14-April-2020

4. Are you the corresponding author?  
   ✔ No
   
   Corresponding Author’s Name  
   Miho J. Tanaka, MD

5. Manuscript Title  
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