

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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) Peyman	2. Surname (Last Name) Arasteh	3. Date 15-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohammad Razi
5. Manuscript Title COVID-19 and orthopedic surgery: experiences from Iran		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Arasteh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alireza	2. Surname (Last Name) Askari	3. Date 15-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohammad Razi
5. Manuscript Title COVID-19 and orthopedic surgery: experiences from Iran		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Askari has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Abolfazl	2. Surname (Last Name) Bagherifard	3. Date 15-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohammad Razi
5. Manuscript Title COVID-19 and orthopedic surgery: experiences from Iran		
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Dr. Bagherifard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mahmoud	2. Surname (Last Name) Jabalameli	3. Date 15-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohammad Razi
5. Manuscript Title COVID-19 and orthopedic surgery: experiences from Iran		
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Section 1. Identifying Information

1. Given Name (First Name)
Mohammad

2. Surname (Last Name)
Razi

3. Date
15-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Dr. Razi has nothing to disclose.

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