

## 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) Howard	2. Surname (Last Name) Chansky	3. Date 12-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicholas Iannuzzi
5. Manuscript Title An Orthopaedic Department's Response to the COVID-19 Healthcare Crisis: Indirect and Direct Actions with Thoughts for the Future		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00611		

### 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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Dr. Chansky has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Albert

2. Surname (Last Name)  
Gee

3. Date  
12-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Nicholas Iannuzzi

5. Manuscript Title  
An Orthopaedic Department's Response to the COVID-19 Healthcare Crisis: Indirect and Direct Actions with Thoughts for the Future

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Dr. Gee has nothing to disclose.

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1. Given Name (First Name)  
Nicholas

2. Surname (Last Name)  
Iannuzzi

3. Date  
12-April-2020

4. Are you the corresponding author?  Yes  No

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An Orthopaedic Department's Response to the COVID-19 Healthcare Crisis: Indirect and Direct Actions with Thoughts for the Future

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