ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Raman

2. Surname (Last Name)  
Mundi

3. Date  
07-April-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Mohit Bhandari

5. Manuscript Title  
An Infodemic of Journal Publication Associated with the Novel Coronavirus Disease

6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Mundi 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)  
Mohit

2. Surname (Last Name)  
Bhandari

3. Date  
06-April-2020

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

5. Manuscript Title  
An Infodemic of Journal Publication Associated with the Novel Coronavirus Disease

6. Manuscript Identifying Number (if you know it)

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☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. Bhandari reports personal fees from AgNovos Healthcare, personal fees and other from Sanofi Aventis, personal fees and other from Smith & Nephew, personal fees from Stryker, grants from DJ Orthopedics, other from Ferring Pharmaceuticals, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Phillips

3. Date  
   05-April-2020

4. Are you the corresponding author?  
   □ Yes  □ No
   Corresponding Author’s Name
   Dr. Mohit Bhandari

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
Leen

2. Surname (Last Name)  
Naji

3. Date  
04-April-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Mohit Bhandari

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  Erin Nga Lam
2. Surname (Last Name)    Wong
3. Date                    04-April-2020

4. Are you the corresponding author? [ ] Yes  [ ] No
   Corresponding Author’s Name
   Dr. Mohit Bhandari

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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.**

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally (but not always) paid to your organization.

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations.

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes.

**Pending:** The patent has been filed but not issued.

**Issued:** The patent has been issued by the agency.

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not.

**Royalties:** Funds are coming in to you or your institution due to your patent.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Seper

2. Surname (Last Name)  
   Ekhtiar

3. Date  
   06-April-2020

4. Are you the corresponding author?  
   □ Yes  ☑ No
   Corresponding Author's Name  
   Mohit Bhandari

5. Manuscript Title  
   An Infodemic of Journal Publication Associated with the Novel Coronavirus Disease

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
☑ Yes  □ No
If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ekhtiari reports grants from Research Institute of St. Joe’s Hamilton, outside the submitted work; .

Evaluation and Feedback

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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

1. Given Name (First Name)  
   Aaron

2. Surname (Last Name)  
   Gazendam

3. Date  
   06-April-2020

4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   Dr. Mohit Bhandari

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Are there any relevant conflicts of interest?  
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Dr. Gazendam has nothing to disclose.

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Section 1. Identifying Information

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Kim

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Madden

3. Date  
04-April-2020

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☐ Yes  ☑ No  
Corresponding Author’s Name  
Mohit Bhandari

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