ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ermenegildo
2. Surname (Last Name)  
   Giuzio
3. Date  
   07-April-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Filippo Familiari

5. Manuscript Title  
Disruptive effect of CoViD-19 on orthopaedic daily practice: a cross-sectional survey

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Dr. Giuzio has nothing to disclose.

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1. Given Name (First Name)  
   Filippo

2. Surname (Last Name)  
   Familiari

3. Date  
   07-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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1. Given Name (First Name)
   - Francesco

2. Surname (Last Name)
   - Ranuccio

3. Date
   - 07-April-2020

4. Are you the corresponding author?
   - [ ] Yes
   - ✔ Yes

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Lorenzo</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Tarducci</td>
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<tr>
<td>3. Date</td>
<td>07-April-2020</td>
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<tr>
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<td>Filippo Familiari</td>
</tr>
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| 1. Given Name (First Name) | Valerio |
| 2. Surname (Last Name)    | Mastroianni |
| 3. Date                   | 07-April-2020 |
| 4. Are you the corresponding author? | Yes ✔ No |
| 5. Manuscript Title       | Disruptive effect of CoViD-19 on orthopaedic daily practice: a cross-sectional survey |
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