

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Afshin	2. Surname (Last Name) Anoushiravani	3. Date 24-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Iorio
5. Manuscript Title Re-emergence of Multi-specialty, Inpatient, Elective Orthopaedic Surgery During the Covid-19 Pandemic: Guidelines for a New Normal		
6. Manuscript Identifying Number (if you know it)		

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Dr. Anoushiravani 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)

C. Lowry

2. Surname (Last Name)

Barnes

3. Date

24-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Richard Iorio

5. Manuscript Title

Re-emergence of Multi-specialty, Inpatient, Elective Orthopaedic Surgery During the Covid-19 Pandemic: Guidelines for a New Normal

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Dr. Barnes 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)

Joseph

2. Surname (Last Name)

Bosco

3. Date

24-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Richard Iorio

5. Manuscript Title

Re-emergence of Multi-specialty, Inpatient, Elective Orthopaedic Surgery During the Covid-19 Pandemic: Guidelines for a New Normal

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Dr. Bosco 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) Kevin	2. Surname (Last Name) Bozic	3. Date 24-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Iorio
5. Manuscript Title Re-emergence of Multi-specialty, Inpatient, Elective Orthopaedic Surgery During the Covid-19 Pandemic: Guidelines for a New Normal		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Iorio
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Dr. Huddleston has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Richard

2. Surname (Last Name)  
lorio

3. Date  
24-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Re-emergence of Multi-specialty, Inpatient, Elective Orthopaedic Surgery During the Covid-19 Pandemic: Guidelines for a New Normal

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Kang

3. Date  
24-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Richard Iorio

5. Manuscript Title  
Re-emergence of Multi-specialty, Inpatient, Elective Orthopaedic Surgery During the Covid-19 Pandemic: Guidelines for a New Normal

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Dr. Kang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

John

2. Surname (Last Name)

Ready

3. Date

24-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Richard Iorio

5. Manuscript Title

Re-emergence of Multi-specialty, Inpatient, Elective Orthopaedic Surgery During the Covid-19 Pandemic: Guidelines for a New Normal

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Paul

2. Surname (Last Name)  
Tornetta

3. Date  
24-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Richard Iorio

5. Manuscript Title  
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