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) | Antony |
| 2. Surname (Last Name) | Palmer |
| 3. Date | 03-February-2020 |
| 4. Are you the corresponding author? | ☑ No |
| Corresponding Author's Name | George Grammatopoulos |
| 5. Manuscript Title | Blood Management for Elective Orthopaedic Surgery |
| 6. Manuscript Identifying Number (if you know it) | JBJS-D-19-01417R1 |

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Dr. Palmer 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)  Dean
2. Surname (Last Name)  Fergusson
3. Date  04-February-2020
4. Are you the corresponding author?  ✔ No
5. Manuscript Title  Blood Management for Elective Orthopaedic Surgery
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-01417R1

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.)?  ✔ No

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Dr. Fergusson has nothing to disclose.

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<th>3. Date</th>
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<tr>
<td>George</td>
<td>Grammatopoulos</td>
<td>03-February-2020</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title
   Blood Management for Elective Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)
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Dr. Grammatopoulos has nothing to disclose.

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1. Given Name (First Name)  
   Michael  
2. Surname (Last Name)  
   Murphy  
3. Date  
   03-February-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Blood Management for Elective Orthopaedic Surgery

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If yes, please fill out the appropriate information below.

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<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>NHS Blood &amp; Transplant</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Consultancy</td>
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Dr. Murphy reports personal fees from NHS Blood & Transplant, outside the submitted work.

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Section 1. Identifying Information

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   Sylvain

2. Surname (Last Name)  
   Gagne

3. Date  
   03-February-2020

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

Corresponding Author’s Name  
George Grammatopoulos

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

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