

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)
Jayprakash

2. Surname (Last Name)
Shah

3. Date
25-September-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Vasco Deon Kidd

5. Manuscript Title
"Invited Subspecialty Procedure based on "Radiofrequency Genicular Nerve Ablation: A novel approach to symptomatic knee OA" (JBJSJOPA-D-17-00039)"

6. Manuscript Identifying Number (if you know it)
number ST-D-18-00016

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Are there any relevant conflicts of interest? Yes No

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Dr. Shah 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) David	2. Surname (Last Name) Strum	3. Date 25-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vasco Deon Kidd
5. Manuscript Title "Invited Subspecialty Procedure based on "Radiofrequency Genicular Nerve Ablation: A novel approach to symptomatic knee OA" (JBJSJOPA-D-17-00039)"		
6. Manuscript Identifying Number (if you know it) number ST-D-18-00016		

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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David Strum has nothing to disclose.

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1. Given Name (First Name)

Vasco

2. Surname (Last Name)

Kidd

3. Date

25-September-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

"Invited Subspecialty Procedure based on "Radiofrequency Genicular Nerve Ablation: A novel approach to symptomatic knee OA" (JBJSJOPA-D-17-00039)"

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