

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Ficke	3. Date 04-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dawn LaPorte, M.D.
5. Manuscript Title Left-Handedness Among Orthopaedic Surgeons and Trainees		
6. Manuscript Identifying Number (if you know it) JBJSOA-D-20-00019		

Section 2. The Work Under Consideration for Publication

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Dr. Ficke 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)
Dawn

2. Surname (Last Name)
LaPorte

3. Date
02-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Left-Handedness Among Orthopaedic Surgeons and Trainees

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. LaPorte has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) MacKenzie	3. Date 03-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dawn LaPorte
5. Manuscript Title Left-handedness Among Orthopaedic Surgeons and Trainees		
6. Manuscript Identifying Number (if you know it)		

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Dr. MacKenzie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Samir

2. Surname (Last Name)
Sabharwal

3. Date
03-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dawn LaPorte

5. Manuscript Title
Left-Handedness Among Orthopaedic Surgeons and Trainees

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

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