

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Venanzio	2. Surname (Last Name) Iacono	3. Date 09-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniele Screpis
5. Manuscript Title Elective orthopaedic surgery during Covid-19.		
6. Manuscript Identifying Number (if you know it)		

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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Dr. Iacono has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Stefania	2. Surname (Last Name) Marocco	3. Date 09-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniele Screpis
5. Manuscript Title Elective orthopaedic surgery during Covid-19.		
6. Manuscript Identifying Number (if you know it)		

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Dr. Marocco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Simone

2. Surname (Last Name)
Natali

3. Date
08-August-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Daniele Screpis

5. Manuscript Title
Elective orthopaedic surgery during Covid-19.
A safe way to get back on track

6. Manuscript Identifying Number (if you know it)

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Dr. Natali has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Gianluca

2. Surname (Last Name)

Piovan

3. Date

09-August-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Daniele Screpis

5. Manuscript Title

Elective orthopaedic surgery during Covid-19.

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Daniele

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Screpis

3. Date
09-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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1. Given Name (First Name) Claudio	2. Surname (Last Name) Zorzi	3. Date 09-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniele Screpis
5. Manuscript Title Elective orthopaedic surgery during Covid-19.		
6. Manuscript Identifying Number (if you know it)		

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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.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Zorzi has nothing to disclose.

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