

## 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) Matthew	2. Surname (Last Name) Deren	3. Date 09-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Steve Behrens
5. Manuscript Title Assessment and Treatment of Malnutrition in Orthopaedic Surgery		
6. Manuscript Identifying Number (if you know it)		

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Dr. Deren 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)  
Steve

2. Surname (Last Name)  
Behrens

3. Date  
09-January-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Assessment and Treatment of Malnutrition in Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Behrens has nothing to disclose.

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1. Given Name (First Name) Marion	2. Surname (Last Name) Winkler	3. Date 09-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Steve Behrens
5. Manuscript Title Assessment and Treatment of Malnutrition in Orthopaedic Surgery		
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Dr. Winkler has nothing to disclose.

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1. Given Name (First Name) Lee	2. Surname (Last Name) Rubin	3. Date 09-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Steve Behrens
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Dr. Rubin has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Joel

2. Surname (Last Name)

Huleatt

3. Date

09-January-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Steve Behrens

5. Manuscript Title

Assessment and Treatment of Malnutrition in Orthopaedic Surgery

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Salzler	3. Date 09-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Steve Behrens
5. Manuscript Title Assessment and Treatment of Malnutrition in Orthopaedic Surgery		
6. Manuscript Identifying Number (if you know it)		

### 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.)?

Are there any relevant conflicts of interest?  Yes  No

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Salzler has nothing to disclose.

### Evaluation and Feedback

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