

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Rosenbaum	3. Date 31-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph Young
5. Manuscript Title Perioperative management of orthopedic patients with hematologic disorders: A critical analysis review		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00216		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Rosenbaum has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Cory	2. Surname (Last Name) Czajka	3. Date 31-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph Young
5. Manuscript Title Perioperative management of orthopedic patients with hematologic disorders: A critical analysis review		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00216		

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Are there any relevant conflicts of interest? Yes No

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Dr. Czajka has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Casey	2. Surname (Last Name) O'Connor	3. Date 30-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph Young
5. Manuscript Title Perioperative management of orthopedic patients with hematologic disorders: A critical analysis review		
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Section 1. Identifying Information

1. Given Name (First Name)
Joseph

2. Surname (Last Name)
Young

3. Date
30-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Perioperative management of orthopedic patients with hematologic disorders: A critical analysis review

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-19-00216

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Section 1. Identifying Information

1. Given Name (First Name)
Lauren

2. Surname (Last Name)
Vignaly

3. Date
30-December-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Joseph Young

5. Manuscript Title
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