ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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?  
   [ ] Yes  
   [x] No

   Corresonding 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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   [x] No

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Dr. Rosenbaum 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)  Cory
2. Surname (Last Name)  Czajka
3. Date  31-December-2019
4. Are you the corresponding author?  ☑ 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

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Are there any relevant conflicts of interest?  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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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? ☑ No
5. Manuscript Title
   Perioperative management of orthopedic patients with hematologic disorders: A critical analysis review
6. Manuscript Identifying Number (if you know it)
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Dr. O’Connor has nothing to disclose.

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<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
<td>3. Date</td>
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<tr>
<td>Joseph</td>
<td>Young</td>
<td>30-December-2019</td>
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<td>4. Are you the corresponding author?</td>
<td></td>
<td></td>
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<td>✔ Yes</td>
<td>❑ No</td>
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5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Young has nothing to disclose.

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<td>Lauren</td>
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Ms. Vignaly has nothing to disclose.

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