

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Fabien	2. Surname (Last Name) Meta	3. Date 29-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Toufic Jildeh
5. Manuscript Title Concussion Management for the Orthopaedic Surgeon		
6. Manuscript Identifying Number (if you know it)		

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Dr. Meta 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) Joseph	2. Surname (Last Name) Tramer	3. Date 29-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Toufic Jildeh
5. Manuscript Title Concussion Management for the Orthopaedic Surgeon		
6. Manuscript Identifying Number (if you know it)		

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

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Dr. Tramer has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kelechi

2. Surname (Last Name)  
Okorooha

3. Date  
29-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Toufic Jildeh

5. Manuscript Title  
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Dr. Okoroha has nothing to disclose.

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1. Given Name (First Name) Lina	2. Surname (Last Name) Shkokani	3. Date 29-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Toufic Jildeh
5. Manuscript Title Concussion Management for the Orthopaedic Surgeon		
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Toufic

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Jildeh

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