

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) Kyong	2. Surname (Last Name) Min	3. Date 15-October-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Ryan J. Bickley
5. Manuscript Title Surfing Injuries - A Review for the Orthopaedic Surgeon		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-20-00152R1		

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Dr. Min has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Belyea	3. Date 15-October-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Ryan J. Bickley
5. Manuscript Title Surfing Injuries - A Review for the Orthopaedic Surgeon		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Belyea has nothing to disclose.

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1. Given Name (First Name)
Ryan

2. Surname (Last Name)
Bickley

3. Date
15-October-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
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1. Given Name (First Name) Jeffery	2. Surname (Last Name) Harpstrite	3. Date 15-October-2020
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