

## 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)

Morad

2. Surname (Last Name)

Chughtai

3. Date

01-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anas Minkara, MD

5. Manuscript Title

Implications of the COVID-19 Pandemic on Orthopaedic Surgical Residency and Fellowship Training: Lost Opportunity or Novel Experience?

6. Manuscript Identifying Number (if you know it)

ATM-20-3777

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Dr. Chughtai 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)

Minkara

2. Surname (Last Name)

Anas

3. Date

01-June-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Implications of the COVID-19 Pandemic on Orthopaedic Surgical Residency and Fellowship Training: Lost Opportunity or Novel Experience?

6. Manuscript Identifying Number (if you know it)

ATM-20-3777

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Dr. Anas has nothing to disclose.

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1. Given Name (First Name)

Kuivila

2. Surname (Last Name)

Thomas

3. Date

01-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anas Minkara, MD

5. Manuscript Title

Implications of the COVID-19 Pandemic on Orthopaedic Surgical Residency and Fellowship Training: Lost Opportunity or Novel Experience?

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1. Given Name (First Name)  
Patterson

2. Surname (Last Name)  
Brendan

3. Date  
01-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Anas Minkara, MD

5. Manuscript Title  
Implications of the COVID-19 Pandemic on Orthopaedic Surgical Residency and Fellowship Training: Lost Opportunity or Novel Experience?

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