

#### 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.

### 1. Identifying information.

### 2. The work under consideration for publication.

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### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Sean	rst Name)	2. Surname (Last Name) O'Neill	3. Date 25-March-2017
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Melinda Maggard-Gibbons
			by using ambulatory surgery centers: direct cost savings are
6. Manuscript Ider AOJ-17-37	ntifying Number (if you	know it)	

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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# 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. O'Neill has nothing to disclose.

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1. Given Name (Fin Melinda	rst Name)	2. Surname (Last Name) Maggard-Gibbons	3. Date 25-March-2017
4. Are you the corresponding author?		✓ Yes No	

5. Manuscript Title

Improving the value of same-day pediatric orthopaedic surgery by using ambulatory surgery centers: direct cost savings are important, but there is more to the picture

6. Manuscript Identifying Number (if you know it)

AOJ-17-37

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