

# ICMJE DISCLOSURE FORM

**Date:** December 11, 2024

**Your Name:** Dr. Julie Silver

**Manuscript Title:** Surgeon Burnout and Relationships: A Missing Component in the On-Going Conversation

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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