ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Charles
2. Surname (Last Name): Callahan
3. Date: 07-January-2014

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

5. Manuscript Title: Orthopaedic surgery under national health reform: An analysis of power, process, adaptation, and leadership

6. Manuscript Identifying Number (if you know it): JBJS-D-13-01067R2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Memorial Health System, Springfield, IL	☐	☑	☐	☐	Primary Employer (Hospital Provider of Orthopaedic Services)

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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Section 6. Disclosure Statement

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Dr. Callahan reports personal fees from Memorial Health System, Springfield, IL, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Khaled
2. Surname (Last Name): Saleh
3. Date: 07-January-2014

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

Corresponding Author's Name: Charles D. Callahan

5. Manuscript Title: Orthopaedic surgery under national health reform: An analysis of power, process, adaptation, and leadership

6. Manuscript Identifying Number (if you know it): JBJS-D-13-01067R2

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Saleh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Jamal
2. Surname (Last Name): Saleh
3. Date: 07-January-2014

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

Corresponding Author's Name: Charles D. Callahan

5. Manuscript Title: Orthopaedic surgery under national health reform: An analysis of power, process, adaptation, and leadership

6. Manuscript Identifying Number (if you know it): JBJS-D-13-01067R2

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Mr. Saleh 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): Blaine
2. Surname (Last Name): Manning
3. Date: 07-January-2014

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

Corresponding Author's Name: Charles D. Callahan

5. Manuscript Title: Orthopaedic surgery under national health reform: An analysis of power, process, adaptation, and leadership

6. Manuscript Identifying Number (if you know it): JBJS-D-13-01067R2

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Mr. Manning 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): Kevin
2. Surname (Last Name): Bozic
3. Date: 07-January-2014

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

Corresponding Author's Name: Charles D. Callahan

5. Manuscript Title: Orthopaedic surgery under national health reform: An analysis of power, process, adaptation, and leadership

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Integrated Healthcare Association	☐	☑	☐	☐	
Pacific Business Group on Health	☐	☑	☐	☐	
Harvard Business School (Visiting Scholar)	☐	☑	☐	☐	
AHRQ	☑	☐	☐	☐	Grant paid to Institution
Robert Wood Johnson Foundation	☑	☐	☐	☐	Grant paid to Institution
CHCF	☑	☐	☐	☐	Grant paid to Institution
UC	☑	☐	☐	☐	Grant paid to Institution
CHQI	☑	☐	☐	☐	Grant paid to Institution

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
YODA	☑	☐	☐	☐	Grant paid to Institution	

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. Bozic reports personal fees from Integrated Healthcare Association, personal fees from Pacific Business Group on Health, personal fees from Harvard Business School (Visiting Scholar), grants from AHRQ, grants from Robert Wood Johnson Foundation, grants from CHCF, grants from UC, grants from CHQI, grants from YODA, outside the submitted work; .

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Daniel
2. Surname (Last Name): Adair
3. Date: 07-January-2014

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Charles D. Callahan

5. Manuscript Title: Orthopaedic surgery under national health reform: An analysis of power, process, adaptation, and leadership

6. Manuscript Identifying Number (if you know it): JBJS-D-13-01067R2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Memorial Medical Center	☐	☑	☐	☐	Medical Director	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Adair reports personal fees from Memorial Medical Center, outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.