ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Kyle
2. Surname (Last Name): Bohm
3. Effective Date (07-August-2008): 01-May-2013

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

Corresponding Author's Name: Ann E. Van Heest, MD

5. Manuscript Title: Assessment of Moral Reasoning Skills in the Orthopedic Surgery Resident Applicant

6. Manuscript Identifying Number (if you know it):

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
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5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
4. Expert testimony	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Tyler
2. Surname (Last Name): Van Heest
3. Effective Date (07-August-2008): 26-April-2013

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

Corresponding Author's Name: Ann Van Heest, MD

5. Manuscript Title: Assessment of Moral Reasoning Skills in the Orthopedic Surgery Resident Applicant

6. Manuscript Identifying Number (if you know it):

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						ADD
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1. Given Name (First Name): Ann
2. Surname (Last Name): Van Heest
3. Effective Date (07-August-2008): 15-August-2013

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

5. Manuscript Title: Assessment of Moral Reasoning Skills in the Orthopedic Surgery Resident Applicant

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2. Surname (Last Name): Johnson
3. Effective Date (07-August-2008): 26-April-2013

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

Corresponding Author's Name: Ann E. Van Heest, MD

5. Manuscript Title: Assessment of Moral Reasoning Skills in the Orthopedic Surgery Resident Applicant

6. Manuscript Identifying Number (if you know it):

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5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name): Terence
2. Surname (Last Name): Gioe
3. Effective Date (07-August-2008): 28-April-2013

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

Corresponding Author's Name: Ann E. Van Heest, MD

5. Manuscript Title: Assessment of moral reasoning skills in the orthopedic surgery resident applicant

6. Manuscript Identifying Number (if you know it):

Section 2. The Work Under Consideration for Publication

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

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
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						ADD
7. Other	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Julie
2. Surname (Last Name): Agel
3. Effective Date (07-August-2008): 26-April-2013

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

Corresponding Author's Name: Ann E. Van Heest, MD

5. Manuscript Title: Assessment of Moral Reasoning Skills in the Orthopedic Surgery Resident Applicant

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