

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.

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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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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)
George

2. Surname (Last Name)
Maliha

3. Date
11-April-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Joseph Bernstein

5. Manuscript Title
Levels of Influence: The Prevalence of Conflicts of Interest in Orthopaedic, Pediatric
and Internal Medicine Journals

6. Manuscript Identifying Number (if you know it)

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

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

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Dr. Maliha has nothing to disclose.

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)

joseph

2. Surname (Last Name)

bernstein

3. Date

11-April-2016

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

Levels of Influence: The Prevalence of Conflicts of Interest in
Orthopaedic, Pediatric and Internal Medicine Journals

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?



Yes



No

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Yes



No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes



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Dr. bernstein has nothing to disclose.

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1. Given Name (First Name)

Jaimo

2. Surname (Last Name)

Ahn

3. Date

12-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Bernstein J

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)

Jillian

2. Surname (Last Name)

Bernstein

3. Date

11-April-2016

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

5. Manuscript Title

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Ms. Bernstein has nothing to disclose.

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