

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.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sanford

2. Surname (Last Name)

Emery

3. Date

28-December-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Elise Ames

5. Manuscript Title

"Burnout in orthopaedic surgeons: a challenge for leaders, learners and colleagues."

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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Dr. Emery 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) Keith	2. Surname (Last Name) Kenter	3. Date 26-September-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Elizabeth Ames, MD
5. Manuscript Title Burnout in Orthopaedic Surgeons: A challenge for leaders, learners, and colleagues.		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Schwartz Biomedical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Kenter reports personal fees from Schwartz Biomedical , outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

S. Elizabeth

2. Surname (Last Name)

Ames

3. Date

26-September-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Burnout in orthopaedic surgeons: a challenge for leaders, learners and colleagues.

6. Manuscript Identifying Number (if you know it)

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Dr. Ames 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)

David

2. Surname (Last Name)

Halsey

3. Date

30-December-2016

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Elizabeth Ames

5. Manuscript Title

Burnout in orthopaedic surgeons: a challenge for leaders, learners and colleagues.

6. Manuscript Identifying Number (if you know it)

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Dr. Halsey has nothing to disclose.

David Halsey 12/30/16
David Halsey

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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Cowan	3. Date 26-September-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Elise Ames, MD
5. Manuscript Title Burnout in orthopaedic surgeons: a challenge for leaders, learners, and colleagues		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Cowan has nothing to disclose.

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