

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Badley

3. Date
14-June-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Yoga Raja Rampersaud

5. Manuscript Title

Factors associated with adverse events in major elective spine, knee, and hip orthopaedic surgery

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

Section 3. Relevant financial activities outside the submitted work.

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

Section 4. Intellectual Property -- Patents & Copyrights

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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. Badley 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)

Yoga Raja

2. Surname (Last Name)

Rampersaud

3. Date

14-June-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Factors associated with adverse events in major elective spine, knee, and hip orthopaedic surgery

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Academic Health Sciences Centers - Alternate Funding Plans Innovation Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principle Investigator, Awarded 2011-2012. The funding sources had no involvement in study design, analysis or interpretation of data, writing of the manuscript, or decision to submit for publication.

Section 3. Relevant financial activities outside the submitted work.

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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
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant - Spine Surgeon

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Dr. Rampersaud reports grants from Academic Health Sciences Centers - Alternate Funding Plans Innovation Fund, during the conduct of the study; personal fees from Medtronic , outside the submitted work; .

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1. Given Name (First Name)
Dov

2. Surname (Last Name)
Millstone

3. Date
13-June-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Yoga Raja Rampersaud

5. Manuscript Title
Factors associated with adverse events in major elective spine, knee, and hip orthopaedic surgery

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Mr. Millstone has nothing to disclose.

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1. Given Name (First Name)

Anthony

2. Surname (Last Name)

Perruccio

3. Date

14-June-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Yoga Raja Rampersaud

5. Manuscript Title

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