

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Dubin	3. Date 23-February-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nkemakolam Egekeze MD
5. Manuscript Title The Age of OrtholInfo: A Randomized Controlled Trial Evaluating Patient Comprehension of Informed Consent		
6. Manuscript Identifying Number (if you know it) JBJS-D-15-01291R1		

### 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

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

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Dr. Dubin 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)  
Karen

2. Surname (Last Name)  
Williams

3. Date  
23-February-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Nkemakolam Egekeze MD

5. Manuscript Title  
The Age of OrtholInfo: A Randomized Controlled Trial Evaluating Patient Comprehension of Informed Consent

6. Manuscript Identifying Number (if you know it)  
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Dr. Williams has nothing to disclose.

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1. Given Name (First Name) Mark	2. Surname (Last Name) Bernhardt	3. Date 23-February-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nkemakolam Egekeze MD
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Nkemakolam

2. Surname (Last Name)  
Egekeze

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23-February-2016

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