

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Elise	2. Surname (Last Name) Hiza	3. Date 23-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael B Gottschalk
5. Manuscript Title Humerus Fracture Fixation: Incidence Rates and Complications as Reported by American Board of Orthopedic Surgery Part II candidates.		
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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Dr. Hiza has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
James
2. Surname (Last Name)
Roberson
3. Date
23-September-2015
4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Michael B Gottschalk
5. Manuscript Title
Humerus Fracture Fixation: Incidence Rates and Complications as Reported by American Board of Orthopedic Surgery Part II candidates.
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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
ABOS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am on the ABOS Board of Directors. The position is not compensated but data for the study came from the case list data base

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Dr. Roberson reports non-financial support from ABOS, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Gottschalk

3. Date

23-September-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Humerus Fracture Fixation: Incidence Rates and Complications as Reported by American Board of Orthopedic Surgery Part II candidates

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1. Given Name (First Name)
William

2. Surname (Last Name)
Carpenter

3. Date
23-September-2015

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Michael Gottschalk

5. Manuscript Title

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael Gottschalk
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Dr. Reisman has nothing to disclose.

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