

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.

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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Royalties: Funds are coming in to you or your institution due to your patent

Brown 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi William	rst Name)	2. Surname (Last Name) Brown		3. Date 07-August-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding A	
5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic I			anial Embolic Event	ts
6. Manuscript Ider N/A	ntifying Number (if you kn	ow it)		
	ı			
Section 2.	The Work Under Co	onsideration for Pub	lication	
any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, est? Yes No ermation below. If you h g the "X" button.	data monitoring boar ave more than one	rnment, commercial, private foundation, etc.) for rd, study design, manuscript preparation, entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal N	on-Financial Oth Support?	er? Comments
NIH NINDS		✓		
	l			
Section 3.	Relevant financial	activities outside the	e submitted worl	K.
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should rep evant conflicts of intere	bed in the instructions. Port relationships that w Pest? Yes ✓ No	Use one line for eac vere present durin o	nancial relationships (regardless of amount ch entity; add as many lines as you need by g the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copy	rights	
Do you have any	patents, whether plans	ned, pending or issued,	broadly relevant to	the work? Yes No

Brown 2



Section 5. Polationships not sovered above
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Brown reports grants from NIH NINDS, during the conduct of the study; .

Evaluation and Feedback

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Brown 3



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1

Deal



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Dwight	rst Name)	2. Surname (Last Name) Deal	3. Date 23-July-2014		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Anna N. Miller, MD		
5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Dec		Decreases Carotid and Cran	ial Embolic Events		
6. Manuscript Ide	ntifying Number (if you kr	now it)			
			_		
Section 2.	The Work Under C	onsideration for Public	cation		
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	submitted work.		
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4.	Intellectual Proper	rty Patents & Copyric	nhts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Deal 2



Section 5.					
Section 5.	Relationships not covered above				
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):					
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest				
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.				
Section 6.	Disclosure Statement				
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Mr. Deal has not	thing to disclose.				

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Royalties: Funds are coming in to you or your institution due to your patent

Houle 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Tim	2. Surname (Last Name) Houle	3. Date 11-November-2014		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Anna N. Miller, MD		
5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cran		nial Embolic Events		
6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under C	Consideration for Public	cation		
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial	activities outside the s	submitted work.		
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Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No		

Houle 2



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Dr. Houle has nothing to disclose.					

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1. Given Name (Firs James	ne (First Name) 2. Surname (Last Name) Green		me)	3. Date 30-July-2014			
4. Are you the corre	Are you the corresponding author?		·	Corresponding Author's Name Anna N. Miller, MD			
5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Crani			d Cranial Embolic	iial Embolic Events			
6. Manuscript Ident N/A	6. Manuscript Identifying Number (if you know it) N/A						
Section 2							
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Section 3. Relevant financial activities outside the submitted work.							
of compensation) clicking the "Add Are there any rele	with entities as describ	oed in the instruction ort relationships the st? Yes	ons. Use one line fo	or each ent	al relationships (regardless of amount tity; add as many lines as you need by 36 months prior to publication .		
Name of Entity		Grant? Persona Fees?	Non-Financial Support?	Other?	Comments		
DePuySynthes				✓	I am an employee of Synthes and the inventor of the RIA. I have two (2) patents on this device and assigned them to Synthes for \$1 US for each patent. I receive no royalties or any compensation for my invention.		



Section 4.							
Int	ellectual Prop	perty Paten	ts & Copyri	ights			
Do you have any pate If yes, please fill out th Excess rows can be re	ne appropriate i	information bel	ow. If you ha	•		?	dd a row.
Patent?	Per	nding?	? Licensed	Royalties ?	Licensee?	Comments	
Green, et al, Surgical Ream Method of Using Same, Pa 6,332,886 B1					Assigned to Synthes		
Green, et al, Attachable/D Reaming Head for Surgica Patent No: US 2003.00971	l Reamer,				Assigned to Synthes		
Section 5. Re	lationships n	ot covered ak	ove				
Are there other relation potentially influencing				eive to have	influenced, or t	hat give the appearance o	of
Yes, the following relationships/conditions/circumstances are present (explain below):							
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Based on the above d below.	lisclosures, this	form will autom	natically gene	erate a disclo	osure statement	, which will appear in the	box
Surgical Reamer and	Method of Usir	ng Same, Patent	No: US 6,332	2,886 B1 issu	ed to Assigned	oreen has a patent Green, to Synthes, and a patent 33 A1 issued to Assigned t	Green,



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Miller 1



Section 1.	ldentifying Inform	nation				
1. Given Name (Fi Anna	rst Name)	2. Surname (Last Name) Miller	ı		3. Date 20-July-201	14
4. Are you the cor	responding author?	✓ Yes No				
5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events						
6. Manuscript Idei N/A	ntifying Number (if you kr	now it)				
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Section 2.	The Work Under Co	onsideration for Pub	lication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	ormation below. If you h	data monitoring nave more than	g board, study d	esign, manusc	ript preparation,
Name of Institut	ion/Company	Grant? Personal N	Support?	Other? Co	mments	
National Institues of I	Health	✓				
	ı					
Section 3.	Relevant financial	activities outside the	e submitted	work.		
of compensation clicking the "Adc Are there any rel	n) with entities as descri I +" box. You should rep evant conflicts of intere		Use one line fo vere present d	or each entity;	add as many	lines as you need by
Section 4.	Intellectual Proper	rty Patents & Copy	rights			
Do you have any	patents, whether plan	ned, pending or issued,	broadly releva	nt to the work	x? Yes	✓ No

Miller 2



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Dr. Miller reports grants from National Institues of Health, during the conduct of the study; .

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

Stump 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi Dave	rst Name)	2. Surname (Last Name) Stump		3. Date 11-November-2014				
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Au					
5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cra			anial Embolic Events	nial Embolic Events				
6. Manuscript Ider N/A	ntifying Number (if you kn	ow it)						
	1							
Section 2.	The Work Under Co	onsideration for Pub	lication					
any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, est? Yes No ormation below. If you h	data monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation, ntity press the "ADD" button to add a row.				
Name of Institut	ion/Company	Grant? Personal N	on-Financial Other	? Comments				
NIH		V						
	l							
Section 3.	Relevant financial	activities outside the	submitted work.					
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should rep evant conflicts of intere	bed in the instructions. port relationships that w est? Yes ✓ No	Use one line for each ere present during t	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication.				
Section 4.	Intellectual Proper	ty Patents & Copy	rights					
Do you have any	patents, whether plant	ned, pending or issued,	broadly relevant to th	ne work? Yes Vo				

Stump 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Stump reports grants from NIH, during the conduct of the study; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Stump 3



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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Thore 1



Section 1.	Identifying Inform	ation				
Given Name (First Name) Clara		2. Surname (Last Name) Thore	3. Date 22-July-2014			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Anna N. Miller, MD			
5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Decrea		ecreases Carotid and Cran	ial Embolic Events			
6. Manuscript Ident	ifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	onsideration for Public	ation			
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						
Section 3.	Relevant financial	activities outside the s	ubmitted work.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo						
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Thore 2



Section 5. Relationships not covered above				
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Royalties: Funds are coming in to you or your institution due to your patent

Webb 1



Section 1.	lentifying Informa	ation			
Given Name (First Name) Lawrence		2. Surname (Last Name) Webb		3. Date 24-December-2014	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Na Anna N. Miller	me	
5. Manuscript Title Use of the Reamer/Irrigator/Aspirator De		creases Carotid and Cra	anial Embolic Events in a Can	ine Model	
6. Manuscript Identify JBJS-D-14-01176R1	ring Number (if you kno	w it)			
Section 2. Th	ne Work Under Co	nsideration for Pub	lication		
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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Section 4.					
In	tellectual Propert	y Patents & Copyr	ights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Webb 2



Section 5.	Deletionalise not encound above			
	Relationships not covered above			
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Dr. Webb has not	hing to disclose.			

Evaluation and Feedback

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Webb 3