

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.

1. 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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---------------------------------|---|
| 1. Given Name (First Name) William | 2. Surname (Last Name) Brown | 3. Date 07-August-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Anna N. Miller, MD |
| 5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events | | |
| 6. Manuscript Identifying Number (if you know it) N/A | | |

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

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 |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH NINDS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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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. Brown reports grants from NIH NINDS, during the conduct of the study; .

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) Dwight | 2. Surname (Last Name) Deal | 3. Date 23-July-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Anna N. Miller, MD |
| 5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events | | |
| 6. Manuscript Identifying Number (if you know it) N/A | | |

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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 submitted work.

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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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Deal has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

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 Cranial Embolic Events

6. Manuscript Identifying Number (if you know it)
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Dr. Houle 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) James | 2. Surname (Last Name) Green | 3. Date 30-July-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Anna N. Miller, MD |
| 5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events | | |
| 6. Manuscript Identifying Number (if you know it) N/A | | |

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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

If yes, please fill out the appropriate information below.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☒ 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.

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------|----------|
| Green, et al, Surgical Reamer and Method of Using Same, Patent No: US 6,332,886 B1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assigned to Synthes | |
| Green, et al, Attachable/Detachable Reaming Head for Surgical Reamer, Patent No: US 2003.0097133 A1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assigned to Synthes | |

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Mr. Green reports other from DePuySynthes, outside the submitted work; In addition, Mr. Green has a patent Green, et al, Surgical Reamer and Method of Using Same, Patent No: US 6,332,886 B1 issued to Assigned to Synthes, and a patent Green, et al, Attachable/Detachable Reaming Head for Surgical Reamer, Patent No: US 2003.0097133 A1 issued to Assigned to Synthes.

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Section 1. Identifying Information

1. Given Name (First Name)
Anna

2. Surname (Last Name)
Miller

3. Date
20-July-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events

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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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| National Institutes of Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1. Identifying Information

| | | |
|---|---------------------------------|---|
| 1. Given Name (First Name) Dave | 2. Surname (Last Name) Stump | 3. Date 11-November-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Anna N. Miller, MD |
| 5. Manuscript Title Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events | | |
| 6. Manuscript Identifying Number (if you know it) N/A | | |

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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 |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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1. 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 Decreases Carotid and Cranial Embolic Events

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1. 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 Name
Anna N. Miller

5. Manuscript Title
Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events in a Canine Model

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Dr. Webb has nothing to disclose.

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