

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) April	2. Surname (Last Name) Armstrong	3. Date 07-January-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kevin Black
5. Manuscript Title Quality and Safety in Orthopaedics – Learning and Teaching at the Same Time		
6. Manuscript Identifying Number (if you know it) 		

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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. Armstrong reports personal fees from Zimmer, Inc, from null, outside the submitted work; .

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)
Kenneth

2. Surname (Last Name)
Egol

3. Date
12-May-2015

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

5. Manuscript Title
Quality and Safety in Orthopaedics - Learning and Teaching at the Same Time

6. Manuscript Identifying Number (if you know it)
JBJS-D-15-00020R1

Section 2. The Work Under Consideration for Publication

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Egol has nothing to disclose.

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1. Given Name (First Name)
Kevin

2. Surname (Last Name)
Black

3. Date
07-January-2015

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

5. Manuscript Title
Quality and Safety in Orthopaedics - Learning and Teaching at the Same Time

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Lorraine

2. Surname (Last Name)

Hutzler

3. Date

19-August-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kevin Black

5. Manuscript Title

Quality and Safety in Orthopaedics-Learning and Teaching at the Same Time

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