

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.

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3. Relevant financial activities outside the submitted work.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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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) David	2. Surname (Last Name) Ring	3. Date 13-January-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name James Herndon
5. Manuscript Title Orthopaedic Surgeons' View on Strategies for Improving Patient Safety		
6. Manuscript Identifying Number (if you know it) JBJS-D-14-01235R1		

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

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
Skeletal Dynamics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wright Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Acumed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Illuminos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock Options
Deputy Editor for Journal of Hand Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stipend
Deputy Editor for Clinical Orthopaedics and Related Research	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stipend

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Universities and Hospitals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria for talks
Lawyers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for Expert Review

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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Dr. Ring reports grants from Skeletal Dynamics, other from Wright Medical, personal fees from Biomet, personal fees from Acumed, other from Illuminos, personal fees from Deputy Editor for Journal of Hand Surgery, personal fees from Deputy Editor for Clinical Orthopaedics and Related Research, personal fees from Universities and Hospitals, personal fees from Lawyers, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Thierry

2. Surname (Last Name)
Guitton

3. Date
14-November-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. Herndon

5. Manuscript Title
Orthopaedic Surgeons' View on Strategies for Improving Patient Safety

6. Manuscript Identifying Number (if you know it)

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Dr. Guitton has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Herndon

3. Date
13-November-2014

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

5. Manuscript Title
Orthopaedic Surgeons' View on Strategies for Improving Patient Safety

6. Manuscript Identifying Number (if you know it)

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1. Wiser Together, Chief Medical Officer
2. Regenokine, Consultant
3. Healthcare Quality Review Board, Advisory Board

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Dr. Herndon reports and 1. Wiser Together, Chief Medical Officer
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Section 1. Identifying Information

1. Given Name (First Name) Stein	2. Surname (Last Name) Janssen	3. Date 13-November-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Herndon
5. Manuscript Title Orthopaedic Surgeons' View on Strategies for Improving Patient Safety		
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Dr. Janssen has nothing to disclose.

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