

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".

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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.

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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

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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)
Matthew

2. Surname (Last Name)
Karam

3. Date
15-June-2014

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

5. Manuscript Title
Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery

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

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
OMeGA Medical Grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopaedic Trauma Association	<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

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Section 6. Disclosure Statement

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Dr. Karam reports grants from OMeGA Medical Grants, grants from Orthopaedic Trauma Association, during the conduct of the study; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Koehler

3. Date
16-June-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Matthew Karam, MD

5. Manuscript Title
Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Koehler has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Lafferty	3. Date 10-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew Karam
5. Manuscript Title Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Lafferty has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) J. Lawrence	2. Surname (Last Name) Marsh	3. Date 11-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew Karam
5. Manuscript Title Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery		
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
OMeGA Medical Grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Marsh reports grants from OMeGA Medical Grants, grants from Orthopaedic Trauma Association, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Gary	2. Surname (Last Name) Ohrt	3. Date 09-October-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it)		

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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
Pacific Research Laboratories/Sawbones	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permanent Employment as of Aug. 2013

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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Mr. Ohrt reports personal fees from Pacific Research Laboratories/Sawbones, outside the submitted work; .

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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) Geb	2. Surname (Last Name) Thomas	3. Date 12-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew Karam, MD
5. Manuscript Title Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery		
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

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
OMeGA Medical Grants Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OMeGA Medical Grants Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopaedic Trauma Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Board of Medical Examiners Stemmler Medical Education Research Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted 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 ☐ No

If yes, please fill out the appropriate information below.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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National Board of Medical Examiners Stemmler Medical Education Research Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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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.

A total of four grants have made this work possible on my part. Two different grants from the OMeGA Medical Grants Association as well as one from the Orthopaedic Trauma Association and one from the National Board of Medical Examiners Stemmler Medical Education Research Fund.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ann

2. Surname (Last Name)
Van Heest

3. Date
16-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Matthew Karam, MD

5. Manuscript Title
Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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

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Dr. Van Heest 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) Brian	2. Surname (Last Name) Westerlind	3. Date 16-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew Karam, MD
5. Manuscript Title Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery		
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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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Westerlind has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Donald	2. Surname (Last Name) Anderson	3. Date 11-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew Karam
5. Manuscript Title Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery		
6. Manuscript Identifying Number (if you know it) JBJS-D-14-00748R3		

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

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Dr. Anderson reports grants from OMeGA Medical Grants, grants from Orthopaedic Trauma Association, grants from National Board of Medical Examiners Stemmler Medical Education Research Fund, during the conduct of the study; .

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