

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Jevsevar

3. Date  
26-June-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title  
Recent Changes in the AAOS Evidence-Based Clinical Practice Guidelines Process

6. Manuscript Identifying Number (if you know it)  
JBJS-D-14-00658

### 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

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

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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) Sanders	3. Date 26-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David Jevsevar, MD (Leeaht Gross, AAOS staff)
5. Manuscript Title Recent Changes in the AAOS Evidence-Based Clinical Practice Guidelines Process		
6. Manuscript Identifying Number (if you know it) JBJS-D-14-00658		

### 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
Chest Wall and Spinal Deformity Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DePuy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Funding through A.I. DuPont for me to give grandrounds

### 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. Sanders reports grants from Chest Wall and Spinal Deformity Foundation, other from DePuy, 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)  
Deborah S.

2. Surname (Last Name)  
Cummins

3. Date  
26-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

David Jevsevar, MD (Leeaht Gross, AAOS staff)

5. Manuscript Title  
Recent Changes in the AAOS Evidence-Based Clinical Practice Guidelines Process

6. Manuscript Identifying Number (if you know it)  
JBJS-D-14-00658

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Dr. Cummins has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kevin

2. Surname (Last Name)  
Shea

3. Date  
30-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
David S. Jevsevar, MD, MBA

5. Manuscript Title  
Recent Changes in the AAOS Evidence-Based Clinical Practice Guidelines Process

6. Manuscript Identifying Number (if you know it)  
JBJS-D-14-00658

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I serve on the Council of Research and Quality for AAOS.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jayson

2. Surname (Last Name)

Murray

3. Date

26-June-2014

4. Are you the corresponding author?

☒ Yes ☒ No

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Recent Changes in the AAOS Evidence-Based Clinical Practice Guidelines Process."

6. Manuscript Identifying Number (if you know it)

JBJS-D-14-00638

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Mr. Murray has nothing to disclose.

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