

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.

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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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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) Scott	2. Surname (Last Name) Edwards	3. Date 07-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David Rhodes
5. Manuscript Title The Olecranon Osteotomy Facilitated Elbow Release (OFER)		
6. Manuscript Identifying Number (if you know it) JBJS-D-16-00715R1		

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.

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mylad Orthopedic Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Orthopedic Implant

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.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Patent Number- 8152807	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Are there 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?

- ☐ 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.

Dr. Edwards reports other from Mylad Orthopedic Solutions, outside the submitted work; In addition, Dr. Edwards has a patent Patent Number- 8152807 issued.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Jordan

3. Date
08-January-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
David Rhodes

5. Manuscript Title
The Olecranon Osteotomy Facilitated Elbow Release (OFER)

6. Manuscript Identifying Number (if you know it)
JBJS-D-16-00715R1

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Dr. Jordan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
DAVID

2. Surname (Last Name)
RHODES

3. Date
07-January-2017

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

5. Manuscript Title
The Olecranon Osteotomy Facilitated Elbow Release (OFER)

6. Manuscript Identifying Number (if you know it)
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Debra

2. Surname (Last Name)
Sietsema

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08-January-2017

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Corresponding Author's Name
David Rhodes

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Dr. Sietsema has nothing to disclose.

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