

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Bernthal	3. Date 09-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rafael A. Buerba
5. Manuscript Title Academic Influence and its Relationship to Industry Payments in Orthopaedic Surgery		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-00838R1		

### 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
National Institutes of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Onkos Surgical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bone Support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daiichi Sankyo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### 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. Bernthal reports personal fees from Onkos Surgical , personal fees from Bone Support, personal fees from Daiichi Sankyo, 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)

Rafael

2. Surname (Last Name)

Buerba

3. Date

03-July-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Academic Influence and Its Relationship to Industry Payments in Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Natalie

2. Surname (Last Name)

Leong

3. Date

04-July-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Rafael A. Buerba

5. Manuscript Title

Academic Influence and Its Relationship to Industry Payments in Orthopaedic Surgery

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Dr. Leong 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)  
Nelson

2. Surname (Last Name)  
SooHoo

3. Date  
04-July-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Rafael A. Buerba

5. Manuscript Title  
Academic Influence and Its Relationship to Industry Payments in Orthopaedic Surgery

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Dr. SooHoo has nothing to disclose.

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1. Given Name (First Name)  
Karen

2. Surname (Last Name)  
Herndon

3. Date  
04-July-2017

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☐ Yes ☒ No

Corresponding Author's Name  
Rafael A. Buerba

5. Manuscript Title  
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Karen Herndon has nothing to disclose.

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**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)

Ankur

2. Surname (Last Name)

Patel

3. Date

05-July-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Rafael A. Buerba

5. Manuscript Title

Academic Influence and Its Relationship to Industry Payments in Orthopaedic 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.)?

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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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Dr. Patel has nothing to disclose.

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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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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
William

2. Surname (Last Name)  
Sheppard

3. Date  
05-July-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Rafael A. Buerba

5. Manuscript Title  
Academic Influence and Its Relationship to Industry Payments in Orthopaedic 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 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Gajewski	3. Date 06-July-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rafael A. Buerba
5. Manuscript Title Academic Influence and Its Relationship to Industry Payments in Orthopaedic Surgery		
6. Manuscript Identifying Number (if you know it) 		

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