

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.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent

Ippolito 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Joseph	2. Surname (Last Name) Ippolito	3. Date 25-September-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name M. Kareem Shaath
5. Manuscript Title Evaluation of the Content and Accessik	oility of Web Sites for Accre	edited Orthopaedic Trauma Surgery Fellowships
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate wh ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No

Ippolito 2



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Dr. Ippolito has nothing to disclose.

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Ippolito 3



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Reilly 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Mark	rst Name)	2. Surname (Last Name) Reilly		3. Date 25-September-2017
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's N M. Kareem Shaath	Name
5. Manuscript Title Evaluation of the		oility of Web Sites for Accr	edited Orthopaedic Traum	na Surgery Fellowships
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Publ	ication	
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants, c	. , .	commercial, private foundation, etc.) for design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add Are there any rele) with entities as descr	ibed in the instructions. I port relationships that we est? Yes No	Jse one line for each entity	relationships (regardless of amount r; add as many lines as you need by r months prior to publication.
Name of Entity		Grant	on-Financial Other? Co	omments
Stryker			Cor	nsultant
Section 4.	Intellectual Proper	rty Patents & Copyr	ights	
Do you have any	•		proadly relevant to the wor	rk? ☐ Yes 🗸 No

Reilly 2



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Dr. Reilly reports personal fees from Stryker, outside the submitted work; .

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Adams 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Mark	st Name)	2. Surname (Last Name) Adams	3. Date 25-September-2017
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name M. Kareem Shaath
5. Manuscript Title Evaluation of the		ility of Web Sites for Accre	dited Orthopaedic Trauma Surgery Fellowships
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Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the su statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	uhmitted work
of compensation clicking the "Add	he appropriate boxes i) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Adams 2



Section 5.	Deletionships not severed above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Dr. Adams has n	othing to disclose.

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Shaath 1



Section 1. Identifying Info	rmation	
1. Given Name (First Name) M. Kareem	2. Surname (Last Name) Shaath	3. Date 25-September-2017
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Evaluation of the Content and Access	sibility of Web Sites for Accredited Orthopaedic Trauma	a Surgery Fellowships
6. Manuscript Identifying Number (if you JBJS-D-17-01112R1	know it)	
Section 2. The Work Under	Consideration for Publication	
	eceive payment or services from a third party (government, coing but not limited to grants, data monitoring board, study defense; Prest? Yes Vo	
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Section 4. Intellectual Prop		
Intellectual Prop	erty Patents & Copyrights	
Do you have any patents, whether pla	anned, pending or issued, broadly relevant to the work	Yes ✓ No

Shaath 2



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Sirkin 1



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Section 2. The Work Under Co	undanation for Dubli	4:	
The Work Olider Co	nsideration for Public		ent, commercial, private foundation, etc.) for
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Are there any relevant conflicts of interes	st? Yes V No		
Section 3. Polovent financial a			
Relevant financial a	ectivities outside the s	submitted work.	
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Are there any relevant conflicts of interes			
If yes, please fill out the appropriate info	rmation below.		
Name of Entity	Grant? Personal Noi	n-Financial other?	Comments
Biomet			Consultant & Speaking Fees, Royalties, and Travel Expenses
AO OA			Travel/Accomodations/Meeting Expenses
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Yeranosian 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Michael	2. Surname (Last Name) Yeranosian	3. Date 25-September-2017
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