

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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)
Christina

2. Surname (Last Name)
Goldstein

3. Date
18-February-2018

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

5. Manuscript Title
The 2017 AOA North American Traveling Fellowship

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00001

Section 2. The Work Under Consideration for Publication

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Dr. Goldstein 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)
MaCalus

2. Surname (Last Name)
Hogan

3. Date
06-June-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Christina Goldstein

5. Manuscript Title

The Orthopaedic Forum: The 2017 American Orthopaedic Association North American Traveling Fellowship

6. Manuscript Identifying Number (if you know it)

10.2106/JBJS.18.00001

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Dr. Hogan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bheeshma	2. Surname (Last Name) Ravi	3. Date 19-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christina Goldstein
5. Manuscript Title The 2017 AOA North American Traveling Fellowship		
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

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Dr. Ravi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Tintle

3. Date
06-March-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Christina Goldstein

5. Manuscript Title
The Orthopaedic Forum
The 2017 American Orthopaedic Association North American Traveling Fellowship
6. Manuscript Identifying Number (if you know it)

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Dr. Tintle has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Brian	2. Surname (Last Name) Waterman	3. Date 18-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christina Goldstein
5. Manuscript Title AOA NATF Review		
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
Vericel (Speakers Bureau)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Waterman reports personal fees from Vericel (Speakers Bureau), personal fees from Elsevier , outside the submitted work; .

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