

#### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1.				
Section 1.	Identifying Inform	nation		
1. Given Name (Fi Julie	irst Name)	2. Surname (Last Nai Agel	me) 3. Date 29-December-2017	
4. Are you the cor	rresponding author?	Yes 🖌 No	Corresponding Author's Name	
5. Manuscript Titl Protected Time		rthopaedic Residency	Correlates with an Increased Number of Resident Publicatior	IS
6. Manuscript Ide	ntifying Number (if you k	now it)		
Section 2.	The Work Under C	Consideration for P	ublication	
any aspect of the s statistical analysis,	submitted work (includin	g but not limited to grar	s from a third party (government, commercial, private foundation, e nts, data monitoring board, study design, manuscript preparation, No	tc.) for
, are there any rel				
Section 3.				
Section 3.	<b>Relevant financia</b>	activities outside	the submitted work.	

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Are there any relevant conflicts of interest?		Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	V N	ю



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Ms. Agel has nothing to disclose.

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Section 1.	Identifying Info	rmation	
1. Given Name (Fi Fraser	rst Name)	2. Surname (Last Name) Leversedge	3. Date 19-January-2018
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Titl Accelerated Patl		Surgery - A Two-Year Pilot Experience	
6. Manuscript Ide	ntifying 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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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# Section 3. Relevant financial activities outside the submitted work.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	$\checkmark$	No



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Dr. Leversedge has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Brian	rst Name)	2. Surname (Last Name) Brigman	3. Date 22-January-2018
4. Are you the cor	responding author?	Yes 🖌 No Corre	esponding Author's Name
5. Manuscript Title Accelerated Patl		Surgery - A Two-Year Pilot Experier	nce
6. Manuscript Ide JBJS-D-18-00006	ntifying Number (if you 5	know it)	

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✓ No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest?  $\checkmark$  Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Musculoskeletal Transplant Foundation	$\checkmark$				medical board of trustees	
Plexxikon		$\checkmark$			Consultant	

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. Brigman reports grants from Musculoskeletal Transplant Foundation, personal fees from Plexxikon, outside the submitted work; .

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Levi	irst Name)	2. Surname (Last Name) Brown	3. Date 06-February-2017
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Selina Poon
5. Manuscript Title Evaluation of Ge Programs		ial Diversity Across U.S. ACC	GME Accredited Orthopaedic Subspecialty Fellowship
6. Manuscript Ide	ntifying Number (if you	know it)	

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Are there any relevant conflicts of interest? Yes

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1. Given Name (F Rachel	irst Name)	2. Surname (Last Name) Gecelter	3. Date 06-February-2017
4. Are you the co	responding author?	✓ Yes No	
5. Manuscript Titl Evaluation of Ge		ial Diversity Across U.S. ACGME Accredite	ed Orthopaedic Subspecialty Fellowship
Programs			

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1. Given Name (Fi Alexa	rst Name)	2. Surname (Last Name) Vetere	3. Date 16-May-2017
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Evaluation of Ge Programs		I Diversity Across U.S. ACGME Accredited Orthopaed	ic Subspecialty Fellowship
6. Manuscript Idei	ntifying Number (if you k	now it)	

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🖌 No

Are there any relevant conflicts of interest?	Yes
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# Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
		•	



# Section 5. Relationships not covered above

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Dr. Vetere has nothing to disclose.

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t Name)	2. Surname (Last Name) Alman	3. Date 18-January-2018
sponding author?	✓ Yes No	
vay in Orthopaedic	Surgery - A Two-Year Pilot Experience	
ifying Number (if you	know it)	
•		Alman

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🖌 No

Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?	Y	'es	$\checkmark$	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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Dr. Alman has nothing to disclose.

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) George	2. Surname (Last Name) Bal	3. Date 20-January-2018
4. Are you the corresponding author?	Yes 🖌 No Corresponding Author Kevin Shepet	or's Name
	Arthroscopic Surgery Training) Program to Improv Arthroscopic Surgery Training) Program to Improv know it)	-
Section 2. The Work Under	Consideration for Publication	
Did you or your institution <b>at any time</b> rec	ceive payment or services from a third party (governme	ent commercial private foundation etc.) for

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🖌 No

Are there any relevant conflicts of interest?		Yes	
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Are there any relevant conflicts of interest? Yes 🗸 No

Do you have any patents, whether planned, pending of issued, broadly relevant to the work?     res     v   no	ents, whether planned, pending or issued, broadly relevant to the wo	k? Yes 🖌	No
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Dr. Bal has nothing to disclose.

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Section 1.	Identifying Infor	mation	
. Given Name (Fi . Barry	rst Name)	2. Surname (Last Name McDonough	3. Date 20-January-201
Are you the co	responding author?	Yes 🖌 No	Corresponding Author's Name Kevin Shepet
e of the F.A.S.	T. (Fundamentals of A	rthroscopic Surgery Train	ning) Program to Improve Arthroscopic Skills ning) Program to Improve Arthroscopic Skills

## Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?	Yes
-----------------------------------------------	-----

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Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  No

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	$\checkmark$	No



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Dr. McDonough has nothing to disclose.

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ormation	
2. Surname (Last Name)	3. Date
Shepet	20-January-2018
	2. Surname (Last Name)

5. Manuscript Title

Use of the F.A.S.T. (Fundamentals of Arthroscopic Surgery Training) Program to Improve Arthroscopic Skills Use of the F.A.S.T. (Fundamentals of Arthroscopic Surgery Training) Program to Improve Arthroscopic Skills 6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes 🗸 No

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	N/	0
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1. Given Name (First Samuel	Name)	2. Surname (Last Name) Cook	3. Date 01-April-2017
4. Are you the corre	sponding author?	✓ Yes No	
5. Manuscript Title Publication Misrep	presentation Among	g Orthopaedic Surgery Residency Applicants	
6. Manuscript Identi	fying Number (if you	know it)	

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Mr. Cook has nothing to disclose.

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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency 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



1. Given Name (First Name) Ann	2. Surname (Last Name) Van Heest	3. Date 29-December-2017
Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Protected Time for Research During (	Orthopaedic Residency Correlates with ar	Increased Number of Resident Publicatior

## 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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
-----------------------------------------------	--	-----

# 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	$\checkmark$	No
-----------------------------------------------	--	-----	--------------	----

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\;[$	Yes	🖌 No	



# Section 5. Relationships not covered above

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):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

## 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. Van Heest has nothing to disclose.

#### **Evaluation and Feedback**



#### Instructions

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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Michael	2. Surname (Last Name) Gottschalk	3. Date 12-December-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Mara Schenker
5. Manuscript Title Concurrent Surgery: A State-of-the-U	nion	

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

$\checkmark$	No	

# Section 3. Relevant financial activities outside the submitted work.

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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



# Section 5. Relationships not covered above

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Dr. Gottschalk has nothing to disclose.

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Benjamin	2. Surname (Last Name) Williams	3. Date 29-December-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name
5. Manuscript Title Protected Time for Research During Or	thopaedic Residency Corr	elates with an Increased Number of Resident Publications
6. Manuscript Identifying Number (if you k	now it)	
		_
Section 2. The Work Under C	onsideration for Publi	cation
Did you or your institution <b>at any time</b> rece	eive payment or services from g but not limited to grants, da	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
Place a check in the appropriate boxes	in the table to indicate wh	nether you have financial relationships (regardless of amount lse 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	🗸 N	١o
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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	√ 1	No
--------------------------------------------------------------------------------------------	--	-----	-----	----



# Section 5. Relationships not covered above

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# Section 6. Disclosure Statement

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi JL	rst Name)	2. Surname (Last Name) Marsh		3. Date 18-December-2017
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Nam	ne
5. Manuscript Title Measures of Hip		Performance in The Opera	ting Room Reflecting Surgical	Experience
6. Manuscript Idei	ntifying Number (if you	know it)		

# Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest? Yes

# Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?  $\checkmark$  Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
Dept of Defense	$\checkmark$					
ΟΤΑ	$\checkmark$					
OMeGA	$\checkmark$					
NBME	$\checkmark$					
ABOS	$\checkmark$					
AHRQ	$\checkmark$					



# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves

# Section 5. Relationships not covered above

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. Marsh reports grants from Dept of Defense , grants from OTA, grants from OMeGA, grants from NBME, grants from ABOS, grants from AHRQ, outside the submitted work; .

### **Evaluation and Feedback**



#### Instructions

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Christopher	2. Surname (Last Name) Staley	3. Date 13-December-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Mara Schenker
5. Manuscript Title Concurrent Surgery: A State-of-the-U	nion	

6. Manuscript Identifying Number (if you know it)

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✓ No

Are there any relevant conflicts of interest? Yes

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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



# Section 5. Relationships not covered above

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Dr. Staley has nothing to disclose.

### **Evaluation and Feedback**



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Section 1.	Identifying Infor	mation	
_	Identifying Infor	mation	
1. Given Name (Fi Donald D	rst Name)	2. Surname (Last Name Anderson	3. Date 18-December-2017
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Matthew Karam
5. Manuscript Title Measures of Hip		tion Performance in The	Operating Room Reflect Surgical Experience
6. Manuscript Ide	ntifying Number (if you	know it)	
Section 2.	The Work Under	Consideration for Pub	lication
	submitted work (includin		om a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Are there any rel	evant conflicts of inte	rest? 🖌 Yes 🗌 No	
If yes, please fill o	out the appropriate in	formation below. If you h	ave more than one entity press the "ADD" button to add a row.

Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
Agency for Healthcare Research and Quality	$\checkmark$					

# Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  $\checkmark$  Yes  $\square$  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Iowa Simulation Solutions				$\checkmark$	This is a small start-up company formed to further develop simulators to be used in training surgical skills. I am an owner, along with Dr. Thomas and another of our PhD students (Steven Long) who is not a co-author.



# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🖌 Yes

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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
15/397,352	✓		$\checkmark$		lowa Simulation Solutions	This is for a related surgical skills simulator that was not used in the study described in this abstract.	

# Section 5. Relationships not covered above

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?

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Dr. Anderson reports grants from Agency for Healthcare Research and Quality, during the conduct of the study; other from lowa Simulation Solutions, outside the submitted work; In addition, Dr. Anderson has a patent 15/397,352 licensed to lowa Simulation Solutions.

No



**Evaluation and Feedback** 



#### Instructions

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Section 1. Identifying Inf	ormation	
1. Given Name (First Name) James	2. Surname (Last Name) Ficke	3. Date 14-December-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Reidler
5. Manuscript Title A Novel Case-Based, Surgical Appro Cadaver Lab	ach to Musculoskeletal Anat	omy Education: Randomized Controlled Study in First-Year
6. Manuscript Identifying Number (if yo	u know it)	

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Are there any relevant conflicts of interest? ✓ 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.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
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Are there any relevant conflicts of interest? Y

### 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. Ficke reports non-financial support from DePuy Synthes, during the conduct of the study; .

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Section 1. Identifying Inform	ation		
1. Given Name (First Name) Joseph	2. Surname (Last Name) Gil		3. Date 27-December-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Ross Feller	me
5. Manuscript Title Prospective Evaluation of Patients Unde	ergoing Carpal Tunnel Re	lease and the Development	of Pillar Pain
6. Manuscript Identifying Number (if you kn	ow it)		
Section 2. The Work Under Co	onsideration for Publ	ication	
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of intere	st? Yes 🖌 No		
Section 3. Delevent financial			
Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. U	Ise one line for each entity; a	add as many lines as you need by
Are there any relevant conflicts of intere	st? Yes 🖌 No		

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $ $  Yes $ $  Ve	levant to the work? Yes 🖌 No	Do you have any patents, whether planned, pending or issued, broadly rel
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Dr. Gil has nothing to disclose.

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e) 2. Surname (	: (Last Name) 3. Date
LaPorte	12-December-2017
ing author? Yes	✓ No Corresponding Author's Name Jay Reidler
rgical Approach to Musculosk	keletal Anatomy Education: Randomized Controlled Study in First-Year
Number (if you know it)	
1	

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Are there any relevant conflicts of interest? Y

es	$\checkmark$	No
	•	-

# Section 4.

**Intellectual Property -- Patents & Copyrights** 

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Dr. LaPorte reports non-financial support from DePuy Synthes, during the conduct of the study; .

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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Samir	2. Surname (Last Name) Mehta	3. Date 22-December-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Mara Schenker, MD
5. Manuscript Title Concurrent Surgery: A State-of-the-L	nion	

6. Manuscript Identifying Number (if you know it)

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✓ No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
DOD	$\checkmark$					
FOT	$\checkmark$					
DepuySynthes	$\checkmark$	$\checkmark$				
Smith & Nephew		$\checkmark$				



# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves

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Dr. Mehta reports grants from DOD, grants from FOT, grants and personal fees from DepuySynthes, personal fees from Smith & Nephew, outside the submitted work; .

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1. Given Name (First Name Patrick	) 2. Surname (Last Nar	
	Mixa	me) 3. Date 14-December-2017
4. Are you the correspond	ng author? Yes 🖌 No	Corresponding Author's Name Jay S. Reidler
5. Manuscript Title A Novel Case-Based, Sur Cadaver Lab	gical Approach to Musculoskeletal A	Anatomy Education: Randomized Controlled Study in First-Year
6. Manuscript Identifying N	umber (if you know it)	

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Are there any relevant conflicts of interest? ✓ Yes No

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es	$\checkmark$	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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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency 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



Section 1.	Identifying Infor	mation			
1. Given Name (Fi Brian	rst Name)	2. Surname (Last Name) Neuman	3. Date 28-December-2017		
1. Are you the corresponding author? Yes 🖌 No		Yes 🗸 No	Corresponding Author's Name Jay Reidler		
5. Manuscript Titl A Novel Case-Ba Cadaver Lab		h to Musculoskeletal Anato	omy Education: Randomized Controlled Study in First-Year		
6. Manuscript Ide	ntifying 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.)?

Are there any relevant conflicts of interest? 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.

Name of Institution/Company	Grant?	Personal Fees <sup>?</sup>	Non-Financial Support?	Other?	Comments	
Depuy Synthes			$\checkmark$		A DePuy Synthes Education Grant provided non-financial support by lending fracture fixation equipment for this educational initiative.	

# 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?  $\checkmark$  Yes  $\square$  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
DePuy Synthes	$\checkmark$				Research Support	



# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves

# Section 5. Relationships not covered above

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):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Neuman reports non-financial support from Depuy Synthes, during the conduct of the study; grants from DePuy Synthes, outside the submitted work; .

### **Evaluation and Feedback**



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Section 1.	Identifying Inform	nation			
1. Given Name (Fi Thomas	rst Name)	2. Surnar Neusteir	ne (Last Name) າ		3. Date 12-December-2017
4. Are you the corresponding author?		Yes	✓ No	Corresponding Author's Name Dr. Mara Schenker	
5. Manuscript Title Concurrent Surg	<sub>e</sub> Jery: A State-of-the-Uni	on			
6. Manuscript Ide	ntifying Number (if you kr	now it)			

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🖌 No

Are there any relevant conflicts of interest?		Yes
-----------------------------------------------	--	-----

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Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  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. Neustein has nothing to disclose.

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Section 1.	Identifying Infor	nformation						
1. Given Name (Fii Jay	rst Name)	2. Surname (Last Name) Reidler	3. Date 15-December-2017					
4. Are you the corresponding author?		✓ Yes No						

5. Manuscript Title

A Novel Case-Based, Surgical Approach to Musculoskeletal Anatomy Education: Randomized Controlled Study in First-Year Cadaver Lab

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? No ✓ Yes

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Are there any relevant conflicts of interest? Y

es	$\checkmark$	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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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Christopher	rst Name)	2. Surname (Last Name) Ruff	3. Date 14-December-2017	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Reidler, J.S.	
5. Manuscript Title A Novel Case-Ba Cadaver Lab		h to Musculoskeletal Anat	omy Education: Randomized Controlled Study in First-Yea	

#### Section 2. **The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest? ✓ 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.

Name of Institution/Company	Grant?	Personal Fees <sup>?</sup>	Non-Financial Support <mark>?</mark>	Other?	Comments	
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Are there any relevant conflicts of interest? Y

es	$\checkmark$	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. Ruff reports non-financial support from DePuy Synthes, during the conduct of the study; .

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3. Date 22-December-2017
thor's Name ID

## Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?		Yes
-----------------------------------------------	--	-----

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Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  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. Runner has nothing to disclose.

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## Section 6. Disclosure Statement

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Dr. Tropf reports non-financial support from DePuy Synthes, during the conduct of the study; .

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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1.	Identifying Infor	mation			
1. Given Name (Fii Judith	rst Name)	2. Surname (Last Name Vick	)	3. Date 14-December-2017	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jay Reidler		
5. Manuscript Title A Novel Case-Bas Cadaver Lab		ch to Musculoskeletal Ana	atomy Education: Randomize	ed Controlled Study in First-Year	
6. Manuscript Ider	ntifying Number (if you	know it)			

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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

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.

Name of Institution/Company	Grant?	Personal Fees <sup>?</sup>	Non-Financial Support <mark>?</mark>	Other?	Comments	
DePuy Synthes			$\checkmark$		A DePuy Synthes Education Grant provided non-financial support by lending fracture fixation equipment for this educational initiative.	

#### 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? Y

es	$\checkmark$	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. Vick reports non-financial support from DePuy Synthes, during the conduct of the study; .

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Arnold-Peter	2. Surname (Last Name) Weiss		3. Date 02-January-2018
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Ross Feller	me
5. Manuscript Title Prospective Evaluation of Patients Unc	dergoing Carpal Tunnel Rel	ease and the Development	of Pillar Pain
6. Manuscript Identifying Number (if you k	(now it)		
		_	
Continue 2			
Section 2. The Work Under C	Consideration for Public	cation	
Did you or your institution <b>at any time</b> recording any aspect of the submitted work (includin statistical analysis, etc.)?			
Are there any relevant conflicts of inter	rest? Yes 🖌 No		
Section 3. Belovent financia	l activities outside the s		
Relevant Inancia	l'activities outside the s	Submitted work.	
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re	ribed in the instructions. Us	se one line for each entity; a	add as many lines as you need by
Are there any relevant conflicts of inter	rest? Yes 🖌 No		

# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	٥l
	1 1		



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Dr. Weiss has nothing to disclose.

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Section 1.	Identifying Informa	ation					
1. Given Name (Fir Leah	rst Name)	2. Surnan Taylor	me (Last Nan	ne)		3. Date 19-December-2017	
4. Are you the cor	responding author?	Yes	✓ No	Correspond Matthew K	5	or's Name	
5. Manuscript Title Measures of Hip	<sup>e</sup> Fracture Wire Navigatior	n Perform	nance in Th	e Operating Roor	n Reflect	Surgical Experience	
6. Manuscript Ider	ntifying Number (if you kno	ow it)					
Section 2.	The Work Under Co	nsidera	tion for P	ublication			
Did you or your institution <b>at any time</b> 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 rel	evant conflicts of interes	ג? 🖌 וֹ	Yes 🗌 I	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.						
Name of Institut	ion/Company	Grant?	Personal Fees?	Non-Financial Support <b>?</b>	Other?	Comments	

#### Section 3. Relevant financial activities outside the submitted work.

 $\checkmark$ 

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Are there any relevant conflicts of interest? Yes

Agency for Healthcare and Research Quality

✓ No

#### Section 4. **Intellectual Property -- Patents & Copyrights**

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



## Section 5. Relationships not covered above

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Mrs. Taylor reports grants from Agency for Healthcare and Research Quality, during the conduct of the study; .

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Section 1.	Identifying Infor	mation	
1. Given Name (F Mara	irst Name)	2. Surname (Last Name) Schenker	3. Date 13-December-2017
4. Are you the corresponding author?		✓ Yes No	
5. Manuscript Titl Concurrent Surg	e gery: A State-of-the-Ur	nion	
6. Manuscript Ide	ntifying Number (if you	know it)	

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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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
-----------------------------------------------	--	-----

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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
-----------------------------------------------	--	-----	--------------	---

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	$\checkmark$	No



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Dr. Schenker has nothing to disclose.

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Kalpit	2. Surname (Last Name) Shah		3. Date 13-December-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Ross Feller	me
5. Manuscript Title Prospective Evaluation of Patients Und	ergoing Carpal Tunnel Re	lease and the Development	of Pillar Pain
6. Manuscript Identifying Number (if you k	now it)		
Section 2. The Work Under C	onsideration for Publi	cation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of inter	est? Yes 🖌 No		
Section 3. Relevant financial	activities outside the	submitted work.	
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Are there any relevant conflicts of inter	est? Yes 🖌 No		

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $[$	Y	ſes 🛛	🗸 No	0
------------------------------------------------------------------------------------------------	---	-------	------	---



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Dr. Shah has nothing to disclose.

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Section 1.				
Section 1.	Identifying Infor	mation		
1. Given Name (Fi Kalpit	rst Name)	2. Surname ( Shah	Last Name)	3. Date 13-December-2017
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Name
			·	Mary Mulcahey
5. Manuscript Title Publication Misr	e epresentation Among	) Orthopaedic S	urgery Resid	dency Applicants
6. Manuscript Ide	ntifying Number (if you	know it)		
Section 2.	The Work Under	Consideratio	n for Publi	cation
	•			a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,

Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  No

statistical analysis, etc.)?

# 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

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	$\checkmark$	No
	1 2			



## Section 5. Relationships not covered above

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):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Shah has nothing to disclose.

#### **Evaluation and Feedback**



#### Instructions

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Section 1. Identifying Inform	nation				
1. Given Name (First Name) Edward	2. Surname (Last Name) Akelman		3. Date 29-December-2017		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Ross Feller, M.D.	ame		
5. Manuscript Title Prospective Evaluation of Patients Und	ergoing Carpal Tunnel Rel	lease and the Development	t of Pillar Pain		
6. Manuscript Identifying Number (if you k	now it)				
		_			
Section 2. The Work Under C	onsideration for Publi	cation			
Did you or your institution <b>at any time</b> 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 Yes No					
Section 3. Relevant financial	activities outside the	submitted work.			
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter	ibed in the instructions. U port relationships that we	se one line for each entity;	add as many lines as you need by		

# 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 5. Relationships not covered above

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Dr. Akelman has nothing to disclose.

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Section 1. Identifying Informa	ation			
1. Given Name (First Name) Geb	2. Surname (Last Name) Thomas		3. Date 20-December-2017	_
4. Are you the corresponding author? Yes ✓ No Corresponding Author's N Matthew Karam		pr's Name		
5. Manuscript Title Measures of Hip Fracture Wire Navigatio	n Performance in The Op	perating Room Reflect	Surgical Experience	
6. Manuscript Identifying Number (if you kno	ow it)			
Section 2. The Work Under Co				
The Work Under Co	nsideration for Publi	ication		
Did you or your institution <b>at any time</b> receiv any aspect of the submitted work (including statistical analysis, etc.)?		1 7 5		or
Are there any relevant conflicts of interest	st? 🖌 Yes 🗌 No			
If yes, please fill out the appropriate info Excess rows can be removed by pressing	•	ive more than one enti	ty press the "ADD" button to add a row	v.
Name of Institution/Company	Grant•	on-Financial Support?	Comments	

## Section 3. Relevant financial activities outside the submitted work.

 $\checkmark$ 

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Agency for Healthcare Research and Quality



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
lowa Simulation Solutions				$\checkmark$	This is a small start-up company formed to further develop simulators to be used in training surgical skills. I am an owner, along with Dr. Thomas and another of our PhD students (Steven Long) who is not a co-author.	

## 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
15/397,352	$\checkmark$				Iowa Simulation Solutions	This is for a related surgical skills simulator that was not used in the study described in this abstract.	

## Section 5. Relationships not covered above

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?

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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. Thomas reports grants from Agency for Healthcare Research and Quality, during the conduct of the study; other from lowa Simulation Solutions, outside the submitted work; In addition, Dr. Thomas has a patent 15/397,352 pending to lowa Simulation Solutions.

#### **Evaluation and Feedback**



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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Melvyn	irst Name)	2. Surname (Last Name) Harrington	3. Date 02-January-2018
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Titl AOA Council of		cy Directors (CORD) Summer 2017 Conference	

JBJS-D-17-01498

## 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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees <b>?</b>	Non-Financial Support?	Other?	Comments	
ZimmerBiomet		$\checkmark$			Consultant	
Acelity		$\checkmark$			Consultant	
Fidia Pharma		$\checkmark$			Speakers Bureau	
J. Robert Gladden Orthopaedic Society				$\checkmark$	Board of Directors	



## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves

## Section 5. Relationships not covered above

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## Section 6. Disclosure Statement

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Dr. Harrington reports personal fees from ZimmerBiomet, personal fees from Acelity, personal fees from Fidia Pharma, other from J. Robert Gladden Orthopaedic Society, outside the submitted work; .

#### **Evaluation and Feedback**



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Section 1. Identifying Infor	mation						
1. Given Name (First Name) Ross	2. Surname (Last Name) Feller	3. Date 26-December-2017					
4. Are you the corresponding author?	✓ Yes No						
5. Manuscript Title Prospective Evaluation of Patients Undergoing Carpal Tunnel Release and the Development of Pillar Pain							
6. Manuscript Identifying Number (if you know it)							
Section 2. The Work Under	Consideration for Publication						
Did you or your institution <b>at any time</b> 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? $\checkmark$ Yes $\checkmark$ No							
Section 3. Relevant financia	l activities outside the submitted w	vork.					
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Are there any relevant conflicts of inte	erest? Yes 🖌 No						

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Feller has nothing to disclose.

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1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Daniel	Kiridly	06-February-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Selina Poon
5. Manuscript Title Evaluation of Gender, Ethnic, and Rac	ial Diversity Across U.S. AC	GME Accredited Orthopaedic Subspecialty Fellowship
Programs		

## 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.)?

🖌 No

Are there any re	levant conflicts o	of interest?	Yes
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Are there any relevant conflicts of interest?		Yes	$\checkmark$	No
-----------------------------------------------	--	-----	--------------	----

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, penuing of issued, broadly relevant to the work?     res   $\mathbf{v}$   no	e any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	🖌 No
------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------	-----------	-----	------



## Section 5. Relationships not covered above

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?

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### Section 6. Disclosure Statement

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Dr. Kiridly has nothing to disclose.

#### **Evaluation and Feedback**



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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Myriam	2. Surname (Last Name) Kline	3. Date 09-May-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Selina Poon
5. Manuscript Title Evaluation of Gender, Ethnic, and Ra Programs	cial Diversity Across U.S. AC	GME Accredited Orthopaedic Subspecialty Fellowship
6. Manuscript Identifying Number (if you	ı 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.)?

✓ No

Are there any relevant conflicts of interest? Yes

# 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

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	V N	lo
)			



## Section 5. Relationships not covered above

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Dr. Kline has nothing to disclose.

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Lewis	2. Surname (Last Name) Lane		3. Date 06-February-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Selina Poon	me
5. Manuscript Title Evaluation of Ethnic and Racial Diversit	ty across U.S. ACGME Acci	redited Orthopaedic Subspe	cialty Fellowship Programs
6. Manuscript Identifying Number (if you k	now it)		
Section 2. The Work Under C	Consideration for Publ	lication	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, o		

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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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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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Dr. Lane has nothing to disclose.

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Section 1.	Identifying Infor	mation	
	identifying infor	mation	
1. Given Name (F Mary	irst Name)	2. Surname (Last Name) Mulcahey	3. Date 12-December-2017
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name
			Samuel Cook
5. Manuscript Titl Publication Misr		9 Orthopaedic Surgery Res	idency Applicants
6. Manuscript Ide	ntifying Number (if you l	know it)	
Section 2.	The Work Under (	Consideration for Publ	ication
	submitted work (includir		n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,

## Section 3. Relevant financial activities outside the submitted work.

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✓ No

Yes

Are there any relevant conflicts of interest?		Yes	$\checkmark$	No
-----------------------------------------------	--	-----	--------------	----

Are there any relevant conflicts of interest?

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	$\checkmark$	No



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Dr. Mulcahey has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Selina	irst Name)	2. Surname (Last Name) Poon	3. Date 10-February-2017
4. Are you the cor	rresponding author?	✓ Yes No	
5. Manuscript Titl	e		

Evaluation of Ethnic and Racial Diversity across U.S. ACGME Accredited Orthopaedic Subspecialty Fellowship Programs

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Are there any relevant conflicts of interest?  $\checkmark$  Yes  $\square$  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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
Nuvasive	$\checkmark$					
Scoliosis Research Society	$\checkmark$					

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  $\checkmark$  Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
Nuvasive		$\checkmark$				



## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves

## Section 5. Relationships not covered above

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Dr. Poon reports grants from Nuvasive, grants from Scoliosis Research Society, during the conduct of the study; personal fees from Nuvasive, outside the submitted work; .

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1. Given Name (First Name) Stephen	2. Surname (Last Name) Wendolowski	3. Date 05-May-2017
4. Are you the corresponding author	? Yes 🖌 No	Corresponding Author's Name Selina Poon
5. Manuscript Title Evaluation of Gender, Ethnic, and Programs	Racial Diversity Across U.S. AC	GME Accredited Orthopaedic Subspecialty Fellowship
	you know it)	

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Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  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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**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 Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency 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



Section 1.	Identifying Info	rmation	
1. Given Name (Fir Matthew	rst Name)	2. Surname (Last Name) Karam	3. Date 21-December-2017
4. Are you the corr	responding author?	✓ Yes No	
5. Manuscript Title Measures of Hip		ation Performance in The Operating Roo	m Reflect Surgical Experience
6. Manuscript Ider	ntifying Number (if yo	u 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.)?

Are there any relevant conflicts of interest?	$\checkmark$	Yes		No
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Agency for Healthcare Research Quality	$\checkmark$					

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



## Section 5. Relationships not covered above

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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. Karam reports grants from Agency for Healthcare Research Quality, during the conduct of the study; .

#### **Evaluation and Feedback**