

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.

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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

Wylie 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fir James	st Name)	2. Surname (Last Name) Wylie	3. Date 21-December-2013	
4. Are you the corr	responding author?	✓ Yes No		
5. Manuscript Title Physician Provide		zation and Diagnostic Utility of Magnetic Resonance	lmaging of the Knee	
6. Manuscript Iden	ntifying Number (if you kn	ow it)		
Section 2.	The Work Under Co	onsideration 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.		
of compensation clicking the "Add) with entities as descri	n the table to indicate whether you have financial rebed in the instructions. Use one line for each entity; port relationships that were present during the 36 s est? Yes Vo	add as many lines as you need by	
Section 4.				
	•	ty Patents & Copyrights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Wylie 2



Section 5. Polationships n					
Relationships n	ot covered above				
Are there other relationships or active potentially influencing, what you wre	ities that readers could perceive to have influenced, or that give the appearance of ote in the submitted work?				
Yes, the following relationships/o	Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relationships/condition	s/circumstances that present a potential conflict of interest				
	e, journals will ask authors to confirm and, if necessary, update their disclosure statements rs to disclose further information about reported relationships.				
Section 6. Disclosure State	ment				
Based on the above disclosures, this below.	form will automatically generate a disclosure statement, which will appear in the box				
Dr. Wylie has nothing to disclose.					

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Wylie 3



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

Crim 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) Julia	2. Surname (Last Name) Crim	3. Date 23-December-2013		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name James Wylie		
5. Manuscript Title Physician Provider Type influences Uti	lization and Diagnostic Utili	ity of Magnetic Resonance Imaging of the Knee		
6. Manuscript Identifying Number (if you k	now it)			
		-		
Section 2. The Work Under C	Consideration for Public	ation		
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Section 3. Relevant financia	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes of compensation) with entities as desc	in the table to indicate who ribed in the instructions. Us eport 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 Prope	rty Patents & Copyrig	jhts		
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work?		

Crim 2



Section 5. Polationships not solvered above	
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Section 6. Disclosure Statement	
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Dr. Crim has nothing to disclose.	

Evaluation and Feedback

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Crim 3



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Burks 1



	ı				
Section 1.	Identifying Inform	mation			
1. Given Name (Fi	rst Name)	2. Surname (Last Na Burks	me)	3. Date 23-Decembe	r-2013
4. Are you the cor	ou the corresponding author? Yes Vo Corresponding Author's Name James Wylie				
5. Manuscript Title Physician Provid		lization and Diagnost	ic Utility of Magnet	ic Resonance Imaging of the	e Knee
6. Manuscript Ider	ntifying Number (if you k	know it)			
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Section 3.	Relevant financia	l activities outside	the submitted v	vork.	
of compensation clicking the "Add Are there any rel	n) with entities as desc	ribed in the instruction report relationships the rest? Yes	ns. Use one line fo	ve financial relationships (regreach entity; add as many lir aring the 36 months prior t	nes as you need by
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
Arthrex				Royalties & unpaid co	nsultantship
Mitek				Paid presentations	
Depuy		✓		Research Support	
Arthroscopy Associat	ion of N. Amorica			Poard Mombor	

Burks 2



Section 4. Intellectual Property Patents & Copyrights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No		
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Dr. Burks reports personal fees from Arthrex, personal fees from Mitek, grants from Depuy, other from Arthroscopy Association of N. America, outside the submitted work; .		

Evaluation and Feedback

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Working 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Zachary	2. Surname (Last Name) Working	3. Date 31-December-2013		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name James D. Wylie		
5. Manuscript Title Physician Provider Type influences Utilization and Diagnostic Utility of Magnetic Resonance Imaging of the Knee				
6. Manuscript Identifying Number (if you k	now it)			
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No		

Working 2



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Working 3



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Schmidt 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Robert	Given Name (First Name) 2. Surname (Last Name)		3. Date 25-December-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Dr.James Wylie	me
5. Manuscript Title Physician Provider Type influences Utili	zation and Diagnostic Util	ity of Magnetic Resonance I	maging of the Knee
6. Manuscript Identifying Number (if you kr	now it)		
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Schmidt 2



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