ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Michael
2. Surname (Last Name): Burton, Jr.
3. Date: 26-February-2018

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

Corresponding Author's Name: Brett Meeks

5. Manuscript Title: Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where Are We Now?

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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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Section 6. Disclosure Statement

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Mr. Burton, Jr. has nothing to disclose.

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): Lynn
2. Surname (Last Name): Crosby
3. Date: 26-February-2018

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

Corresponding Author's Name: Brett Meeks

5. Manuscript Title: Misrepresentation of Research Publications Among Orthopaedic Surgery Applicants: Where Are We Now?

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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Dr. Crosby has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Richard
2. Surname (Last Name): Laughlin
3. Date: 27-February-2018

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

Corresponding Author's Name: Brett Meeks

5. Manuscript Title: Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where Are We Now?

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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Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Laughlin 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): Andrew
2. Surname (Last Name): Froehle
3. Date: 25-February-2018

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

Corresponding Author's Name: Brett Meeks

5. Manuscript Title: Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where are we now?

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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Dr. Froehle 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): Eric
2. Surname (Last Name): Kiskaddon
3. Date: 24-February-2018

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

Corresponding Author's Name: Brett Meeks

5. Manuscript Title: Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where are we Now?

6. Manuscript Identifying Number (if you know it):

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Dr. Kiskaddon has nothing to disclose.

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5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations
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 patent

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Section 1. Identifying Information

1. Given Name (First Name): Brett
2. Surname (Last Name): Meeks
3. Date: 24-February-2018

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where are we now?

6. Manuscript Identifying 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.)?

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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**.

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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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Meeks has nothing to disclose.

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