

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.

1. Identifying information.

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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) Chaim	2. Surname (Last Name) Bell	3. Date 17-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ward
5. Manuscript Title Improving Care in Orthopaedics: How to Incorporate Quality Improvement Techniques into Surgical Practice		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00225		

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

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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. Bell 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)
Sarah

2. Surname (Last Name)
Ward

3. Date
16-April-2018

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

5. Manuscript Title
Improving Care in Orthopaedics: How to Incorporate Quality Improvement Techniques into Surgical Practice

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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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
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member of orthopaedic surgeon bone health advisory board

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. Ward reports personal fees from Amgen, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Kim

3. Date
17-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Sarah Ward

5. Manuscript Title
Improving Care in Orthopaedics: How to Incorporate Quality Improvement Techniques into Surgical Practice

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1. Given Name (First Name)

Jesse

2. Surname (Last Name)

Wolfstadt

3. Date

17-April-2018

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☐ Yes ☒ No

Corresponding Author's Name

Sarah Ward

5. Manuscript Title

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