

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Aaron

2. Surname (Last Name)

Casp

3. Date

19-May-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

The effect of timing during the academic year or resident PGY-level on complication rates in lower extremity orthopaedic trauma surgery

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00279R1

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

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Dr. Casp 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)
Brendan

2. Surname (Last Name)
Patterson

3. Date
19-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Aaron Casp

5. Manuscript Title
The effect of timing during the academic year or resident PGY-level on complication rates in lower extremity orthopaedic trauma surgery

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00279R1

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Dr. Patterson has nothing to disclose.

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1. Given Name (First Name)

Josh

2. Surname (Last Name)

Tennant

3. Date

19-May-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Aaron Casp

5. Manuscript Title

The effect of timing during the academic year or resident PGY-level on complication rates in lower extremity orthopaedic trauma surgery

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Seth

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Yarboro

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Corresponding Author's Name

Aaron Casp

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