

## 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.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Julie	2. Surname (Last Name) Agel	3. Date 08-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann E. Van Heest, MD
5. Manuscript Title Resident Surgical Skills Web-Based Evaluation: A Comparison of Two Assessment Tools		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01512-R1		

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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

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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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Julie Agel 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) S. Elizabeth	2. Surname (Last Name) Ames	3. Date 02-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann E. Van Heest, MD
5. Manuscript Title Resident Surgical Skills Web-Based Evaluation: A Comparison of Two Assessment Tools		
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Dr. Ames 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)  
Ferhan

2. Surname (Last Name)  
Asghar

3. Date  
12-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ann E. Van Heest, MD

5. Manuscript Title  
Resident Surgical Skills Web-Based Evaluation: A Comparison of Two Assessment Tools

6. Manuscript Identifying Number (if you know it)  
JBJS-D-17-01512-R1

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Dr. Asghar has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Harrast

3. Date  
08-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ann E. Van Heest, MD

5. Manuscript Title  
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Mr. Harrast has nothing to disclose.

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1. Given Name (First Name) JL	2. Surname (Last Name) Marsh	3. Date 08-February-2018
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OMEGA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NBME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ABOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BioMet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Oxford Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties

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Dr. Marsh reports grants from DOD, grants from OTA, grants from OMeGA, grants from NBME, grants from ABOS , grants from AHRQ, other from BioMet, other from Oxford Press, outside the submitted work; .

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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) Joshua	2. Surname (Last Name) Patt	3. Date 08-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann E. Van Heest, MD
5. Manuscript Title Resident Surgical Skills Web-Based Evaluation: A Comparison of Two Assessment Tools		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01512-R1		

### 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

### 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

## ICMJE Form for Disclosure of Potential Conflicts 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. Patt 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)  
Terrance

2. Surname (Last Name)  
Peabody

3. Date  
09-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ann E. Van Heest, MD

5. Manuscript Title  
Resident Surgical Skills Web-Based Evaluation: A Comparison of Two Assessment Tools

6. Manuscript Identifying Number (if you know it)  
JBJS-D-17-01512-R1

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Peabody 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) Robert	2. Surname (Last Name) Sterling	3. Date 08-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann E. Van Heest, MD
5. Manuscript Title Resident Surgical Skills Web-Based Evaluation: A Comparison of Two Assessment Tools		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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

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Dr. Sterling 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)  
Ann

2. Surname (Last Name)  
Van Heest

3. Date  
23-January-2018

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

5. Manuscript Title  
Resident Surgical Skills Web-Based Evaluation: A Comparison of Two Assessment Tools

6. Manuscript Identifying Number (if you know it)  
JBJS-D-17-01512

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