

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.

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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)
Chong

2. Surname (Last Name)
Zhang

3. Date
24-January-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Alan Stotts

5. Manuscript Title
Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons

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

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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Section 6. Disclosure Statement

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Chong Zhang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Angela	2. Surname (Last Name) Presson	3. Date 26-January-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alan Stotts
5. Manuscript Title Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons		
6. Manuscript Identifying Number (if you know it) 		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH 5UL1TR001067-05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Angela Presson, Chong Zhang, and Morgan Millar's contribution was funded in part by this grant.

Section 3. Relevant financial activities outside the submitted work.

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Dr. Presson reports grants from NIH 5UL1TR001067-05, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

Alan

2. Surname (Last Name)

Stotts

3. Date

29-January-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons

6. Manuscript Identifying Number (if you know it)

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This paper was supported, in part, by NIH funding.

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Dr. Stotts reports grants from National Institutes of Health, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Ann

2. Surname (Last Name)
Van Heest

3. Date
26-January-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Alan Stotts

5. Manuscript Title
Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons

6. Manuscript Identifying Number (if you know it)

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Dr. Van Heest has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Charles	2. Surname (Last Name) Saltzman	3. Date 22-January-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alan Stotts
5. Manuscript Title Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wright Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Saltzman reports personal fees from Zimmer Biomet, personal fees from Wright Medical, outside the submitted work; .

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4. Intellectual Property.

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

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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) Jessica	2. Surname (Last Name) Kohring	3. Date 26-January-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alan Stotts
5. Manuscript Title Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons		
6. Manuscript Identifying Number (if you know it) 		

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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Dr. Kohring 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)
John

2. Surname (Last Name)
Harrast

3. Date
26-January-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Alan Stotts

5. Manuscript Title
Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons

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Section 1. Identifying Information

1. Given Name (First Name) Morgan	2. Surname (Last Name) Millar	3. Date 24-January-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alan Stotts
5. Manuscript Title Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons		
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