

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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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)
William

2. Surname (Last Name)
Hopkinson

3. Date
18-July-2018

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

5. Manuscript Title
Cognitove Skills Assessment for the Aging Orthopaedic Surgeon

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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Dr. Hopkinson has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Gerald

2. Surname (Last Name)
Hickson

3. Date
13-July-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
William J. Hopkinson, MD

5. Manuscript Title
Cognitive Skills Assessment for the Aging Orthopaedic Surgeon

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00470

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)
Terrance

2. Surname (Last Name)
Peabody

3. Date
17-July-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
William J. Hopkinson, MD

5. Manuscript Title
Cognitive Skills Assessment for the Aging Orthopaedic Surgeon

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Charles

2. Surname (Last Name)
Reiter

3. Date
12-July-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. William Hopkinson

5. Manuscript Title
Cognitive Skills Assessment for the Aging Surgeon

6. Manuscript Identifying Number (if you know it)

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