

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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#### 3. Relevant financial activities 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.

#### 5. Relationships not covered above.

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#### Definitions.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jaimo

2. Surname (Last Name)

Ahn

3. Date

20-August-2018

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Hogan

5. Manuscript Title

Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates

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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Dr. Ahn 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) Joon	2. Surname (Last Name) Lee	3. Date 20-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name MaCalus Hogan
5. Manuscript Title Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Lee 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) Peter	2. Surname (Last Name) Mittwede	3. Date 20-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name MaCalus Hogan
5. Manuscript Title Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates		
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Dr. Mittwede 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) Alejandro	2. Surname (Last Name) Morales-Restrepo	3. Date 24-September-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name MaCalus Hogan
5. Manuscript Title Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates		
6. Manuscript Identifying Number (if you know it) 		

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

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Dr. Morales-Restrepo 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)  
Mitchell

2. Surname (Last Name)  
Fourman

3. Date  
24-August-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
MaCalus Hogan

5. Manuscript Title  
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Dr. Fourman has nothing to disclose.

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

#### 5. Relationships not covered above.

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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)

Freddie

2. Surname (Last Name)

Fu

3. Date

28-August-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

MaCalus Hogan

5. Manuscript Title

Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates

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

### 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

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### Section 6. Disclosure Statement

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#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
MaCalus

2. Surname (Last Name)  
Hogan

3. Date  
23-August-2018

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

5. Manuscript Title  
Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates

6. Manuscript Identifying Number (if you know it)

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

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kenneth

2. Surname (Last Name)  
Egol

3. Date  
22-August-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

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