

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Leizl	2. Surname (Last Name) Nayahangan	3. Date 20-November-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amandus Gustafsson
5. Manuscript Title Identifying Technical Procedures in Orthopaedic Surgery and Traumatology that should be integrated in a Simulation-Based Curriculum: A National General Needs Assessment in Denmark		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01122		

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Leizl Nayahangan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Amandus

2. Surname (Last Name)
Gustafsson

3. Date
24-January-2019

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

5. Manuscript Title
Identifying Technical Procedures in Orthopaedic Surgery and Traumatology that should be integrated in a Simulation-Based Curriculum: A National General Needs Assessment in Denmark.

6. Manuscript Identifying Number (if you know it)
c9cc3753bfedeb68

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Dr. Gustafsson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Bjarke

2. Surname (Last Name)
Viberg

3. Date
20-November-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Amandus Gustafsson

5. Manuscript Title
Identifying Technical Procedures in Orthopaedic Surgery and Traumatology that should be integrated in a Simulation-Based Curriculum: A National General Needs Assessment in Denmark

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Dr. Viberg has nothing to disclose.

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1. Given Name (First Name) Charlotte	2. Surname (Last Name) Paltved	3. Date 21-November-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amandus Gustafsson
5. Manuscript Title Identifying Technical Procedures in Orthopaedic Surgery and Traumatology that should be integrated in a Simulation-Based Curriculum: A National General Needs Assessment in Denmark		
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1. Given Name (First Name) Henrik	2. Surname (Last Name) Palm	3. Date 20-November-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amandus Gustafsson
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Dr. Palm has nothing to disclose.

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

Lars

2. Surname (Last Name)

Konge

3. Date

20-November-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Amandus Gustafsson

5. Manuscript Title

Identifying Technical Procedures in Orthopaedic Surgery and Traumatology that should be integrated in a Simulation-Based Curriculum: A National General Needs Assessment in Denmark

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-01122

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Konge has nothing to disclose.

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