

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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".

#### 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.

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.

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**Other:** Anything not covered under the previous three boxes

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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) Robert	2. Surname (Last Name) Wescott	3. Date 18-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kapil Sugand
5. Manuscript Title Training and transfer effect of FluoroSim, an augmented reality fluoroscopic simulator for dynamic hip screw guide-wire insertion: a single-blinded randomized controlled trial		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00928		

### 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
Professor A.T. Fripp fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charity grant to fund the research
Goldberg Schachmann and Freda Becker Memorial Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Student bursary to fund the travel of RW during the study
NIHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BHvD is an NIHR clinical fellow in Trauma and Orthopaedics

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

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### 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 1. Identifying Information

1. Given Name (First Name)  
Kapil

2. Surname (Last Name)  
Sugand

3. Date  
08-August-2018

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

5. Manuscript Title  
Training and transfer effect of FluoroSim, an augmented reality fluoroscopic simulator for dynamic hip screw guide-wire insertion: a single-blinded randomized controlled trial

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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Goldberg Schachmann fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	declared in manuscript
Freda Becker Memorial Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	declared in manuscript

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### Section 1. Identifying Information

1. Given Name (First Name) Alister	2. Surname (Last Name) Hart	3. Date 18-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kapil Sugand
5. Manuscript Title Training and transfer effect of FluoroSim, an augmented reality fluoroscopic simulator for dynamic hip screw guide-wire insertion: a single-blinded randomized controlled trial		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Bernard H	2. Surname (Last Name) van Duren	3. Date 18-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kapil Sugand
5. Manuscript Title Training and transfer effect of FluoroSim, an augmented reality fluoroscopic simulator for dynamic hip screw guide-wire insertion: a single-blinded randomized controlled trial		
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1. Given Name (First Name) Richard	2. Surname (Last Name) Carrington	3. Date 18-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kapil Sugand
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6. Manuscript Identifying Number (if you know it) JBJS-D-18-00928		

### 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
Professor A.T. Fripp fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charity grant to fund the research
Goldberg Schachmann and Freda Becker Memorial Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Student bursary to fund the travel of RW during the study
NIHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BHvD is an NIHR clinical fellow in Trauma and Orthopaedics

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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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### 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. Carrington reports grants from Professor A.T. Fripp fund, other from Goldberg Schachmann and Freda Becker Memorial Fund, other from NIHR, during the conduct of the study; .

### Evaluation and Feedback

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