

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Adam	2. Surname (Last Name) Eltorai	3. Date 26-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alan Daniels
5. Manuscript Title Critical Assessment of the Contemporary Orthopaedic Surgery Residency Application Process		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00587		

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Dr. Eltorai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Alan

2. Surname (Last Name)

Daniels

3. Date

26-June-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Critical Assessment of the Contemporary Orthopaedic Surgery Residency Application Process

6. Manuscript Identifying Number (if you know it)

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Dr. Daniels has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mason

2. Surname (Last Name)
Depasse

3. Date
26-June-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Alan Daniels

5. Manuscript Title
Critical Assessment of the Contemporary Orthopaedic Surgery Residency Application Process

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Philip

2. Surname (Last Name)
Gruppuso

3. Date
26-June-2018

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☐ Yes ☒ No

Corresponding Author's Name
Alan Daniels

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Saisanjana

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Kalagara

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26-June-2018

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☐ Yes

☒ No

Corresponding Author's Name

Alan Daniels

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Neill	2. Surname (Last Name) Li	3. Date 26-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alan Daniels
5. Manuscript Title Critical Assessment of the Contemporary Orthopaedic Surgery Residency Application Process		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00587		

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

Dr. Li has nothing to disclose.

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