

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.

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

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
O'Toole

3. Date
18-June-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Marcus F. Sciadini

5. Manuscript Title
Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00505R1

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.)?

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not related to this study.
Coorstek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not related to this study.
Imagen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not related to this study.

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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Dr. O'Toole reports personal fees from Smith & Nephew, personal fees from Coorstek, personal fees from Imagen, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Marcus

2. Surname (Last Name)
Sciadini

3. Date
14-June-2019

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

5. Manuscript Title
Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform

6. Manuscript Identifying Number (if you know it)
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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
Foundation For Orthopaedic Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident research grant support

Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

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Stryker Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Globus Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Dr. Sciadini reports grants from Foundation For Orthopaedic Trauma, during the conduct of the study; personal fees from Stryker Orthopaedics, personal fees from Globus Medical, outside the submitted work; .

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Max

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Coale

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18-June-2019

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☐ Yes

☒ No

Corresponding Author's Name
Marcus F. Sciadini, MD

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Dr. Coale has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nathan	2. Surname (Last Name) O'Hara	3. Date 13-June-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Marcus Sciadini
5. Manuscript Title Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arbutus Medical Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock Options

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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Mr. O'Hara reports other from Arbutus Medical Inc., outside the submitted work; .

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1. Given Name (First Name) R. Frank	2. Surname (Last Name) Henn	3. Date 13-June-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Marcus Sciadini
5. Manuscript Title Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support

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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4. Intellectual Property.

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Pending: The patent has been filed but not issued

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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) Annie	2. Surname (Last Name) Weber	3. Date 16-June-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Marcus F. Sciadini, MD
5. Manuscript Title Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00505R1		

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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
Foundation of Orthopaedic Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Dr. Weber reports grants from Foundation of Orthopaedic Trauma, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Domes	3. Date 20-June-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Marcus Sciadini
5. Manuscript Title Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Domes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Cullen	2. Surname (Last Name) Griffith	3. Date 18-June-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Marcus Sciadini
5. Manuscript Title Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform		
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