ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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.

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): David
2. Surname (Last Name): Ring
3. Date: 09-March-2018

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

5. Manuscript Title: Visit Duration Does Not Correlate with Perceived Empathy

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

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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
Skeletal Dynamics	☐	☐	☐	☑	Royalties
Wright Medical	☐	☐	☐	☑	Royalties
Deputy Editor for Clinical Orthopaedics and Related Research	☐	☑	☐	☐	Stipend
Universities and Hosptials	☐	☑	☐	☐	Honoraria for talks
Lawyers	☐	☑	☐	☐	Payment for Expert Review

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Ring reports other from Skeletal Dynamics, other from Wright Medical, personal fees from Deputy Editor for Clinical Orthopaedics and Related Research, personal fees from Universities and Hosptials, personal fees from Lawyers, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Gregg
2. Surname (Last Name): Vagner
3. Date: 09-March-2018

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

Corresponding Author's Name: David Ring

5. Manuscript Title: Visit Duration Does Not Correlate with Perceived Empathy

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

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Dr. Vagner 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): Janna
2. Surname (Last Name): Ottenhoff
3. Date: 08-March-2018

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

Corresponding Author's Name: David Ring

5. Manuscript Title: Visit Duration Does Not Correlate with Perceived Empathy

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Joost
2. Surname (Last Name): Kortlever
3. Date: 09-March-2018

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

Corresponding Author's Name: David Ring

5. Manuscript Title: Visit Duration Does Not Correlate with Perceived Empathy

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

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Section 1. Identifying Information

1. Given Name (First Name): Lee
2. Surname (Last Name): Reichel
3. Date: 09-March-2018

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

Corresponding Author's Name: David Ring

5. Manuscript Title: Visit Duration Does Not Correlate with Perceived Empathy

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