ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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.

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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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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.

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

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Section 1. Identifying Information

1. Given Name (First Name): Marc
2. Surname (Last Name): Swiontkowski
3. Date: 08-October-2015

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Annual Disclosure

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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☐ No other relationships/conditions/circumstances that present a potential conflict of interest

NIAMS/NIH funded investigator for international RCT on femoral neck fracture fixation
Editor Skeletal Trauma in Children with G. Mencio
Editor Geriatric Trauma Text with Charles Court-Brown, et al.
Chair DSMB for METRC consortium (funded by DOD)
Chair Total Knee Reporting group for Minnesota Community Measurement
Consultant Minnesota Board of Medical Practice

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Section 6. Disclosure Statement

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Dr. Swiontkowski reports NIAMS/NIH funded investigator for international RCT on femoral neck fracture fixation Editor Skeletal Trauma in Children with G. Mencio Editor Geriatric Trauma Text with Charles Court-Brown, et al. Chair DSMB for METRC consortium (funded by DOD) Chair Total Knee Reporting group for Minnesota Community Measurement Consultant Minnesota Board of Medical Practice.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Robin
2. Surname (Last Name): Richards
3. Date: 21-June-2016

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Co-Editor for JBJS Open Access

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

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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Dr. Richards has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Eng Hin
2. Surname (Last Name): Lee
3. Date: 17-April-2016

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: JBJS Deputy Editor and JBJS Open Access Co-Editor

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

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