## ICMJE DISCLOSURE FORM

Date:3/18/22	
Your Name:John S. Shields, MD	
Manuscript Title:Landscapes of Northo Carolina	
Manuscript number (if known): JBJS-D-22-00215	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
manuscript (e. provision of stu	All support for the present	_XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
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	No time limit for this item.		
	Time frame: past 36 months		
2	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	

4	Consulting fees	_XNone
	Payment or honoraria for	XNone
	lectures, presentations, speakers bureaus, manuscript writing or	
	educational events	
	Payment for expert	XNone
	testimony	
	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
	Participation on a Data	XNone
	Safety Monitoring Board or Advisory Board	
	Auvisory Board	
	Leadership or fiduciary role in other board, society, committee or advocacy	XNone
	group, paid or unpaid	
11	Stock or stock options	XNone
	Receipt of equipment,	XNone
	materials, drugs, medical writing, gifts or other	
	services	
	Other financial or non-	XNone
	financial interests	

Please place an "X" next to the following statement to indicate your agreement:

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.