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)  
   Kanu

2. Surname (Last Name)  
   Okike

3. Date  
   24-February-2016

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

5. Manuscript Title  
   "Red, Yellow, Green:" Effect of an initiative to guide surgeon choice of orthopaedic implants

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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   ✔ Yes  
   ☐ No

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   ✔ Yes  
   ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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Dr. Okike reports other from Depuy Synthes Institute, non-financial support from Stryker, non-financial support from Synthes, non-financial support from Zimmer, non-financial support from Depuy, 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)  Andrew
2. Surname (Last Name)  Pollak
3. Date  25-February-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Kanu Okike, MD
5. Manuscript Title  "Red, Yellow, Green:" Effect of an initiative to guide surgeon choice of orthopaedic implants
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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<td>Pollak</td>
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</tr>
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4. Are you the corresponding author?  
   - Yes  
   - No   
   ✔ No

5. Manuscript Title
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Rachael Pollak has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Robert
2. Surname (Last Name) O’Toole
3. Date 01-March-2016
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Kanu Okike, MD
5. Manuscript Title
   “Red, Yellow, Green:” Effect of an initiative to guide surgeon choice of orthopaedic implants
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Ex Fix | ✔ | | | | | |

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