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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   JL

2. Surname (Last Name)  
   Marsh

3. Date  
   19-October-2016

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

   Corresponding Author’s Name  
   Terrance Peabody

5. Manuscript Title  
   Can We Agree on Expectations and Assessments of Graduating Residents?

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-16-01048R1

## 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?  
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   ✔ No

## Section 3. Relevant financial activities outside the submitted work.

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   ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

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At the time of the production of this article, I was a member of the ACGME Residency Review Committee for orthopedics and President of the American Board of Orthopedic Surgeons.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Markku

2. Surname (Last Name)  
Nousiainen

3. Date  
17-October-2016

4. Are you the corresponding author?  
[ ] Yes  [ ] No  
Corresponding Author’s Name  
T. Peabody

5. Manuscript Title  
Abstract AOA symposium 2016: Can We Agree on Expectations and Assessments of Graduating Residents

6. Manuscript Identifying Number (if you know it)  
JBJS-D-16-01048

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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Section 6. Disclosure Statement

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Dr. Nousiainen reports personal fees from Zimmer Biomet, personal fees from Stryker, grants from DePuy Synthes, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) terrance
2. Surname (Last Name) peabody
3. Date 12-August-2016

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

5. Manuscript Title
AOA Symposium: Can We Agree on Expectations and Assessments of Graduating Residents

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Peabody has nothing to disclose.

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1. Given Name (First Name)  
   Ian William  
2. Surname (Last Name)  
   Incoll  
3. Date  
   20-October-2016  
4. Are you the corresponding author?  
   ✔ No  
5. Manuscript Title  
   Abstract AOA symposium 2016: Can We Agree on Expectations and Assessments of Graduating Residents?  
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Terrance

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Peabody

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19-October-2016

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☑ Yes  ☐ No

5. Manuscript Title  
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