ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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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)
   - Samuel
2. Surname (Last Name)
   - Cho
3. Date
   - 26-August-2016
4. Are you the corresponding author?
   - [ ] Yes  ✔ No
   - Corresponding Author’s Name
     - Sumon Nandi
5. Manuscript Title
   - The 2016 American Orthopaedic Association-Japanese Orthopaedic Association (AOA-JOA) Traveling Fellowship
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

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?
- ✔ Yes  [ ] No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant</th>
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<th>Non-Financial Support</th>
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</table>
Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cho reports grants from OREF, grants and personal fees from Zimmer Biomet, personal fees from Stryker, personal fees from Medtronic, personal fees from DePuy Synthes, 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) reza
2. Surname (Last Name) firoozabadi
3. Date 21-August-2016
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Sumon Nandi
5. Manuscript Title
   The 2016 American Orthopaedic Association-Japanese Orthopaedic Association (AOA-JOA) Traveling Fellowship
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Dr. firoozabadi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Brett
2. Surname (Last Name)  Freedman
3. Date  25-August-2016
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
The 2016 American Orthopaedic Association-Japanese Orthopaedic Association (AOA-JOA) Traveling Fellowship

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Dr. Freedman reports grants from US Army, outside the submitted work.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Sumon  
2. Surname (Last Name)  
   Nandi  
3. Date  
   01-September-2016  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title  
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