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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Vincent
2. Surname (Last Name)  Pellegrini
3. Date  29-November-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Benjamin Alman
5. Manuscript Title
   The Fourth Year of Medical School: Time for Reassessment
6. Manuscript Identifying Number (if you know it)
   JBJS-D-16-01094R1

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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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>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DePuy Orthopaedics</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Surgical education for use of total hip replacement stem designed by author</td>
</tr>
<tr>
<td>Department of Defense</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Research grant - heterotopic bone after blast injury</td>
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<tr>
<td>PCORI</td>
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</table>
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Section 4. Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Royalties</td>
<td>✔️</td>
<td>☐</td>
<td>☐</td>
<td>✔️</td>
<td></td>
<td>Royalties received for intellectual property transfer related to design of total hip replacement stem</td>
</tr>
</tbody>
</table>

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Are there 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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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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. Pellegrini reports personal fees from DePuy Orthopaedics, grants from Department of Defense, grants from PCORI, outside the submitted work; in addition, Dr. Pellegrini has a patent Royalties with royalties paid.
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Alman
## ICMJE Form for Disclosure of Potential Conflicts of Interest

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</tr>
</thead>
<tbody>
<tr>
<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
<td>3. Date</td>
</tr>
<tr>
<td>Benjamin</td>
<td>Alman</td>
<td>29-August-2016</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>✔ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

**5. Manuscript Title**
The Fourth Year of Medical School: Time for Reassessment

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

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Dr. Alman has nothing to disclose.

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1. Given Name (First Name)  
   James  

2. Surname (Last Name)  
   Purtill  

3. Date  
   29-August-2016  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Scoles

3. Date  
   04-December-2016

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

   Corresponding Author’s Name  
   Benjamin Alman

5. Manuscript Title  
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