ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.
2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Alexander

2. Surname (Last Name)  
   Christ

3. Date  
   15-December-2016

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

   Corresponding Author’s Name  
   Elizabeth Gausden

5. Manuscript Title  
   Tracking Longitudinal Radiation Exposure in Orthopaedic Surgeons and Residents: What dose are we getting?

6. Manuscript Identifying Number (if you know it)

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

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   Yes [ ] No [✔]

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Christ has nothing to disclose.

Evaluation and Feedback

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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)  
   Elizabeth

2. Surname (Last Name)  
   Gausden

3. Date  
   21-April-2017

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
   Tracking Cumulative Radiation Exposure in Orthopaedic Surgeons and Residents: What Dose Are We Getting?

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

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.

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Dr. Gausden reports grants from Orthopaedic Trauma Association, during the conduct of the study.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Lane

3. Date  
   15-December-2016

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author's Name  
   Elizabeth Gausden

5. Manuscript Title  
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Dr. Lane has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Moira
2. Surname (Last Name)      McCarthy
3. Date                     15-December-2016

4. Are you the corresponding author?  No

Corresponding Author’s Name
Elizabeth Gausden

5. Manuscript Title
Tracking Longitudinal Radiation Exposure in Orthopaedic Surgeons and Residents: What dose are we getting?

6. Manuscript Identifying Number (if you know it)

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Dr. McCarthy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Roseann
2. Surname (Last Name) Zeldin
3. Date 15-December-2016
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name
   Elizabeth Gausden
5. Manuscript Title
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Dr. Zeldin has nothing to disclose.

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