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)  
Charles

2. Surname (Last Name)  
Callahan

3. Date  
07-January-2014

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

5. Manuscript Title  
Orthopaedic surgery under national health reform: An analysis of power, process, adaptation, and leadership

6. Manuscript Identifying Number (if you know it)  
JBJS-D-13-01067R2

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Are there any relevant conflicts of interest?  
✔ Yes  ☐ No

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<table>
<thead>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>☐</td>
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<td>☐</td>
<td>☐</td>
<td>Primary Employer (Hospital Provider of Orthopaedic Services)</td>
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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
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Section 6. Disclosure Statement

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Dr. Callahan reports personal fees from Memorial Health System, Springfield, IL, outside the submitted work.

Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Khaled

2. Surname (Last Name)  
   Saleh

3. Date  
   07-January-2014

4. Are you the corresponding author?  
   Yes  ✔  No

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   Yes  ✔  No

### 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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Dr. Saleh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jamal
2. Surname (Last Name)  Saleh
3. Date  07-January-2014
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  Charles D. Callahan

Section 2. The Work Under Consideration for Publication

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Blaine

2. Surname (Last Name)  
Manning

3. Date  
07-January-2014

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

Corresponding Author’s Name  
Charles D. Callahan

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1. Given Name (First Name)  Kevin
2. Surname (Last Name)  Bozic
3. Date  07-January-2014
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Corresponding Author’s Name  Charles D. Callahan
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Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Dr. Bozic reports personal fees from Integrated Healthcare Association, personal fees from Pacific Business Group on Health, personal fees from Harvard Business School (Visiting Scholar), grants from AHRQ, grants from Robert Wood Johnson Foundation, grants from CHCF, grants from UC, grants from CHQI, grants from YODA, outside the submitted work.

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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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally (but not always) paid to your organization
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Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Adair

3. Date  
   07-January-2014

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Charles D. Callahan

5. Manuscript Title  
   Orthopaedic surgery under national health reform: An analysis of power, process, adaptation, and leadership

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-13-01067R2

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Are there any relevant conflicts of interest?  
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<table>
<thead>
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<th>Name of Entity</th>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
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<td>☑</td>
<td>Medical Director</td>
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