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

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**Other:** Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
   William

2. Surname (Last Name)  
   Ricci

3. Date  
   06-April-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   What's New in Orthopaedic Trauma

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.

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<th>Name of Entity</th>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**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.

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</tr>
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</table>

**Section 5. Relationships not covered above**

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):

☑ 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.

**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. Ricci reports personal fees from Biomet, personal fees from Styker, grants and personal fees from Smith&Nephew, personal fees from Wright, outside the submitted work; In addition, Dr. Ricci has a patent Smith&Nephew with royalties paid, a patent Wright with royalties paid, a patent Biomet pending, and a patent Stryker pending.
Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael
2. Surname (Last Name) Linn
3. Date 08-April-2014
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name William Ricci
5. Manuscript Title
   What’s New in Orthopaedic Trauma
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Linn has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Gardner

3. Date  
   06-April-2014

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   What's New in Orthopaedic Trauma

6. Manuscript Identifying Number (if you know it)

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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.)?  
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Yes

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Are there any relevant conflicts of interest?  
Yes

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<tr>
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Dr. Gardner reports grants and personal fees from Synthes, personal fees from Stryker, personal fees from DGIMed Ortho, personal fees from BoneSupport AB, personal fees from Pacira Pharmaceuticals, outside the submitted work.

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<td>McAndrew</td>
</tr>
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<td>4. Are you the corresponding author?</td>
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Are there any relevant conflicts of interest? ✔ Yes ☐ No

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<td>☐</td>
<td>NIH NCATS UL1TR000448; Tuition support was received from an institutional grant</td>
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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. McAndrew reports personal fees from Journal of Bone and Joint Surgery, during the conduct of the study; personal fees from Journal of Bone and Joint Surgery, grants and personal fees from Synthes, personal fees from AO North America, grants from NIH National Center for Advancing Translational Sciences, outside the submitted work;
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