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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3. **Relevant financial activities outside the submitted work.**
   
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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**
   
   Use this section to report 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.

**Definitions.**

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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
## Section 1. Identifying Information

1. Given Name (First Name)  Lindsey  
2. Surname (Last Name)  Valone  
3. Date  09-March-2016  
4. Are you the corresponding author?  ✔ Yes  ☐ No  
5. Manuscript Title  Breast Radiation Exposure in Female Orthopaedic Surgeons  
6. Manuscript Identifying Number (if you know it)  JBJS-D-15-01167R1  

## 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.  

<table>
<thead>
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</tbody>
</table>

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

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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☐ 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. Valone reports grants from Orthopaedic Research and Education Foundation, grants from Clinical and Translation Sciences, during the conduct of the study.

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) | Monique |
| 2. Surname (Last Name) | Chambers |
| 3. Date | 07-March-2016 |

4. Are you the corresponding author? ☑ No

**Corresponding Author’s Name**
**Dr. Lindsey Valone**

5. Manuscript Title
**Breast Radiation Exposure in Female Orthopaedic Surgeons**

6. Manuscript Identifying Number (if you know it)
**JBJS-D-15-01167R1**

## 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.)? ☑ No

Are there any relevant conflicts of interest? ☑ No

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Section 6. Disclosure Statement

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Dr. Chambers has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Lisa  

2. Surname (Last Name)  
   Lattanza  

3. Date  
   08-March-2016  

4. Are you the corresponding author?  
   Yes ☑️  No  

   Corresponding Author’s Name  
   Lindsey Valone  

5. Manuscript Title  
   Breast Radiation Exposure in Female Orthopaedic Surgeons  

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-15-01167R1

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Dr. Lattanza has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Michelle

2. Surname (Last Name)  
   James

3. Date  
   07-March-2016

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

5. Manuscript Title  
   Breast Radiation Exposure in Female Orthopaedic Surgeons

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-15-01167

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<tr>
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<td>☐</td>
<td>☐</td>
<td>✔</td>
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Dr. James reports other from Journal of Bone and Joint Surgery, other from American Board of Orthopaedic Surgery, other from Ruth Jackson Orthopaedic Society, outside the submitted work.

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