ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Eric
2. Surname (Last Name)  Bluman
3. Date  11-September-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Christopher Chiodo

5. Manuscript Title
Patient Compliance with Postoperative Lower Extremity Non-Weight-Bearing Restrictions

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

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Dr. Bluman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Chiodo

3. Date  
   27-August-2015

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

5. Manuscript Title  
   Patient Compliance with Postoperative Lower Extremity Non-Weight-Bearing Restrictions

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

**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?  
   ✔ No

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

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Are there any relevant conflicts of interest?  
   ✔ No

**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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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. Chiodo reports In addition, Dr. Chiodo has a patent 7506543 issued to No.

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)  David
2. Surname (Last Name)  Palms
3. Date  25-August-2015

4. Are you the corresponding author?  Yes  ☑ No
   Corresponding Author’s Name  Christopher Chiodo

5. Manuscript Title  Patient Compliance with Postoperative Lower Extremity Non-Weight-Bearing Restrictions

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

Section 2. The Work Under Consideration for Publication

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Dr. Palms has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jeremy
2. Surname (Last Name)  Smith
3. Date  24-August-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Christopher Chiodo
5. Manuscript Title
   Patient Compliance with Postoperative Lower Extremity Non-Weight-Bearing Restrictions
6. Manuscript Identifying Number (if you know it)
   Unknown

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Dr. Smith has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Alec

2. **Surname (Last Name)**  
   Macaulay

3. **Date**  
   13-August-2015

4. **Are you the corresponding author?**  
   - Yes  
   - No  
   ✔ No  
   **Corresponding Author's Name**  
   Christopher Chiodo

5. **Manuscript Title**  
   Patient Compliance with Postoperative Lower Extremity Non-Weight-Bearing Restrictions

6. **Manuscript Identifying Number (if you know it)**  
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Are there any relevant conflicts of interest?  

- Yes  
- No  
   ✔ No

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- No  
   ✔ No

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- Yes  
- No  
   ✔ No
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