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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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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

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

3. **Date**
   23-September-2015

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   **Corresponding Author’s Name**
   Michael B Gottschalk

5. **Manuscript Title**
   Humerus Fracture Fixation: Incidence Rates and Complications as Reported by American Board of Orthopedic Surgery Part II candidates.

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
   - [x] No

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

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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - [ ] Yes
   - [x] No
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Dr. Hiza has nothing to disclose.

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)  James
2. Surname (Last Name)  Roberson
3. Date  23-September-2015
4. Are you the corresponding author? □ Yes  ✔ No
   Corresponding Author’s Name  Michael B Gottschalk
5. Manuscript Title
   Humerus Fracture Fixation: Incidence Rates and Complications as Reported by American Board of Orthopedic Surgery Part II candidates.
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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<td>I am on the ABOS Board of Directors. The position is not compensated but data for the study came from the case list data base</td>
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Dr. Roberson reports non-financial support from ABOS, during the conduct of the study;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Michael
2. Surname (Last Name)  
   Gottschalk
3. Date  
   23-September-2015
4. Are you the corresponding author?  
   Yes ☑ No

5. Manuscript Title  
   Humerus Fracture Fixation: Incidence Rates and Complications as Reported by American Board of Orthopedic Surgery Part II candidates
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Dr. Gottschalk has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Carpenter

3. Date  
   23-September-2015

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Michael Gottschalk

5. Manuscript Title  
   Humerus Fracture Fixation: Incidence Rates and Complications as Reported by American Board of Orthopedic Surgery Part II candidates

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Dr. Carpenter has nothing to disclose.

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1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Reisman

3. Date  
   23-September-2015

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

   Corresponding Author’s Name  
   Michael Gottschalk

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Dr. Reisman has nothing to disclose.

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