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

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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)  
   David

2. Surname (Last Name)  
   Teague

3. Date  
   15-April-2016

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)  
   JBJS-D-16-00378

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>
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</tr>
</tbody>
</table>

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

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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Member, Board of Directors, Orthopaedic Trauma Association

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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. Teague reports personal fees from JBJS, during the conduct of the study; and Member, Board of Directors, Orthopaedic Trauma Association.

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)  Zachary
2. Surname (Last Name)  Roberts
3. Date  20-April-2016
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)
JBJS-D-16-00378

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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<td>✔</td>
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<td>Own Stock</td>
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Dr. Roberts reports other from Pfizer, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  William
2. Surname (Last Name)  Ertl
3. Date  25-April-2016
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.)?

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<td>Speaker fee from October 2014</td>
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Speaker fee from Acelity/KCI.

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I, Dr. Ertl, received a speaker fee from Acelity in October 2014.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Lindsay

2. **Surname (Last Name)**
   - Hickerson

3. **Date**
   - 18-April-2016

4. **Are you the corresponding author?**
   - Yes [x] No [ ]

   **Corresponding Author’s Name**
   - David Teague, MD

5. **Manuscript Title**
   - Orthopedic Trauma Update

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-16-00378

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