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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Royalties: Funds are coming in to you or your institution due to your patent

Brown
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
William

2. Surname (Last Name)  
Brown

3. Date  
07-August-2014

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Anna N. Miller, MD

5. Manuscript Title  
Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events

6. Manuscript Identifying Number (if you know it)  
N/A

Section 2. The Work Under Consideration for Publication

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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>NIH NINDS</td>
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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Brown reports grants from NIH NINDS, during the conduct of the study; .

Evaluation and Feedback

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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) Dwight
2. Surname (Last Name) Deal
3. Date 23-July-2014

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Anna N. Miller, MD

5. Manuscript Title
Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events

6. Manuscript Identifying Number (if you know it)
N/A

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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Mr. Deal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Tim

2. Surname (Last Name)  
   Houle

3. Date  
   11-November-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Anna N. Miller, MD

5. Manuscript Title  
   Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events

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Dr. Houle has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Green

3. Date  
30-July-2014

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Anna N. Miller, MD

5. Manuscript Title  
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<td>DePuySynthes</td>
<td>☐</td>
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<td>I am an employee of Synthes and the inventor of the RIA. I have two (2) patents on this device and assigned them to Synthes for $1 US for each patent. I receive no royalties or any compensation for my invention.</td>
</tr>
</tbody>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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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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Mr. Green reports other from DePuySynthes, outside the submitted work; In addition, Mr. Green has a patent Green, et al, Surgical Reamer and Method of Using Same, Patent No: US 6,332,886 B1 issued to Assigned to Synthes, and a patent Green, et al, Attachable/Detachable Reaming Head for Surgical Reamer, Patent No: US 2003.0097133 A1 issued to Assigned to Synthes.
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 20-July-2014

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

5. **Manuscript Title**
   - Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events

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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

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?

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Dr. Miller reports grants from National Institutes of Health, during the conduct of the study.

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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.**

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

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

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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)  
   Dave

2. Surname (Last Name)  
   Stump

3. Date  
   11-November-2014

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Anna N. Miller, MD

5. Manuscript Title  
   Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events

6. Manuscript Identifying Number (if you know it)  
   N/A

**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?  

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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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Section 1. Identifying Information

1. Given Name (First Name) Clara
2. Surname (Last Name) Thore
3. Date 22-July-2014
4. Are you the corresponding author? ❑ Yes ❑ No
   Corresponding Author’s Name Anna N. Miller, MD
5. Manuscript Title
   Use of the Reamer/Irrigator/Aspirator Decreases Carotid and Cranial Embolic Events
6. Manuscript Identifying Number (if you know it)
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<td>Webb</td>
<td>24-December-2014</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  

   Corresponding Author's Name: Anna N. Miller

5. Manuscript Title  
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Dr. Webb has nothing to disclose.

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