ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 16-February-2015

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

   **Corresponding Author's Name**
   - Vincent Pellegrini

5. **Manuscript Title**
   - Sufficient Competence to Enter the Unsupervised Practice of Orthopaedics: What is it, When does it occur, and Do we know it when we see it?

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.

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  
   - [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
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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ferguson has nothing to disclose.

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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**

<table>
<thead>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Richard</td>
<td>Cruess</td>
<td>27-April-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
V. Pellegrini

5. Manuscript Title  
Siffivient compentyence to enter the unsupervised practice of orthopedics

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  
   ✔ No

---

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

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- Yes  
- No  
   ✔ No

---

**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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Section 6. Disclosure Statement

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Dr. Cruess has nothing to disclose.

Evaluation and Feedback

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Cruess
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sylvia
2. Surname (Last Name) Cruess
3. Date 27-April-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Sufficient competence to enter the unsupervised practice of orthopedics

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) timothy
2. Surname (Last Name) briggs
3. Date 29-April-2015
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Vincent Pelligrini

5. Manuscript Title sufficient competence to enter the unsupervised practice of orthopaedics What is it, when does it occur, and do we know it when we see it
6. Manuscript Identifying Number (if you know it) JBJS-D-15-00025

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Are there any relevant conflicts of interest? ☑ No

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nil relevant to this work

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Vincent

2. Surname (Last Name)  
   Pellegrini

3. Date  
   24-April-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Sufficient Competence to Enter the Unsupervised Practice of Orthopaedics

6. Manuscript Identifying Number (if you know it)  
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### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
Yes

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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</table>
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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?  
☑ 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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</tr>
</tbody>
</table>

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?

☑ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

- Member, ACGME Residency Review Committee in Orthopaedic Surgery
- Member, Administrative Board of the Council of Academic Societies, AAMC
- Member, Board of Directors, AAMC
- Member, Board of Directors, The Hip Society
- Member, Board of Directors, South Carolina Orthopaedic Association
- Member, Board of Directors, Orthopaedics Overseas

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Dr. Pellegrini reports personal fees from J and J/DePuy Orthopaedics, grants from Department of Defense, grants from Department of Defense, grants from AHRQ, grants from PCORI, outside the submitted work; In addition, Dr. Pellegrini has a patent J and J/DePuy Orthopaedics with royalties paid and Member, ACGME Residency Review Committee in Orthopaedic Surgery
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Member, Board of Directors, AAMC
Member, Board of Directors, The Hip Society
Member, Board of Directors, South Carolina Orthopaedic Association
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