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

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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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*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)  
Thomas

2. Surname (Last Name)  
Vail

3. Date  
09-September-2014

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Graduates of orthopaedic residency training are increasingly subspecialized: a review of the American Board of Orthopaedic Surgery Part II database.

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?  
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  
No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABOS</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>I am a director of the ABOS. In that capacity, I am reimbursed for travel and expenses related to ABOS activity. The ABOS did not pay for this work. The data was provided by the ABOS.</td>
</tr>
</tbody>
</table>
**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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✔ Yes, the following relationships/conditions/circumstances are present (explain below):

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

I receive royalties for intellectual property contributions to DePuy. I serve on the ABOS as a Director, and on the Boards of the Knee Society, the Hip Society, and AAHKS.

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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. Vail reports other from ABOS, outside the submitted work; and I receive royalties for intellectual property contributions to DePuy. I serve on the ABOS as a Director, and on the Boards of the Knee Society, the Hip Society, and AAHKS.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Neil
2. Surname (Last Name) Bharucha
3. Date 16-September-2014

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

Corresponding Author’s Name Thomas Parker Vail, M.D.

5. Manuscript Title
Graduates of orthopaedic residency training are increasingly subspecialized: a review of the American Board of Orthopaedic Surgery Part II database.

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Dr. Bharucha has nothing to disclose.

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<tbody>
<tr>
<td>Kevin</td>
<td>Choo</td>
<td>16-September-2014</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name

Thomas Parker Vail, M.D.

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Dr. Choo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Patrick

2. Surname (Last Name)  
Horst

3. Date  
09-September-2014

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

Corresponding Author’s Name
Thomas Parker Vail

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

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