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.

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

Karam
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**  
   15-June-2014

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

5. **Manuscript Title**  
   Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery

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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Are there any relevant conflicts of interest?  
- No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- ✔ No

Karam
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. Karam reports grants from OMeGA Medical Grants, grants from Orthopaedic Trauma Association, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Koehler

3. Date  
   16-June-2014

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
   Matthew Karam, MD

5. Manuscript Title  
   Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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   Yes  ✔  No

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Dr. Koehler has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**  
   10-June-2014

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

5. **Manuscript Title**  
   Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery

6. **Manuscript Identifying Number (if you know it)**

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Dr. Lafferty has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   J. Lawrence

2. Surname (Last Name)  
   Marsh

3. Date  
   11-June-2014

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Matthew Karam

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
Gary

2. Surname (Last Name)  
Ohrt

3. Date  
09-October-2014

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

Corresponding Author’s Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<td>Pacific Research Laboratories/Sawbones</td>
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<td></td>
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<td>Permanent Employment as of Aug. 2013</td>
</tr>
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Section 4. Intellectual Property -- Patents & Copyrights

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[ ] Yes  ✔ No

Ohrt
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Mr. Ohrt reports personal fees from Pacific Research Laboratories/Sawbones, outside the submitted work.

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1. Identifying information.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Geb
2. Surname (Last Name) Thomas
3. Date 12-June-2014
4. Are you the corresponding author?  □ Yes  ✔ No

Corresponding Author's Name
Matthew Karam, MD

5. Manuscript Title
Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery

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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Are there any relevant conflicts of interest?  ✔ Yes  □ No

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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  

**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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**Section 6. Disclosure Statement**

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

A total of four grants have made this work possible on my part. Two different grants from the OMeGA Medical Grants Association as well as one from the Orthopaedic Trauma Association and one from the National Board of Medical Examiners Stemmler Medical Education Research Fund.
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Section 1. Identifying Information

1. Given Name (First Name) Ann
2. Surname (Last Name) Van Heest
3. Date 16-June-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery
6. Manuscript Identifying Number (if you know it)

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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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Dr. Van Heest has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Westerlind

3. Date  
   16-June-2014

4. Are you the corresponding author?  
   Yes ✔

   Corresponding Author’s Name  
   Matthew Karam, MD

5. Manuscript Title  
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1. Given Name (First Name)  Donald
2. Surname (Last Name)  Anderson
3. Date  11-June-2014
4. Are you the corresponding author?  Yes  □ No  ✔
   Corresponding Author's Name  Matthew Karam
5. Manuscript Title  Surgical Coaching from Head-Camera Images for Fluoroscopically Guided Articular Fracture Surgery
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Dr. Anderson reports grants from OMeGA Medical Grants, grants from Orthopaedic Trauma Association, grants from National Board of Medical Examiners Stemmler Medical Education Research Fund, during the conduct of the study;

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