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1. **Identifying information.**

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4. **Intellectual Property.**

   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)  
   Bob

2. Surname (Last Name)  
   Yin

3. Date  
   12-March-2015

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

5. Manuscript Title  
   Web-based education prior to knee arthroscopy enhances informed consent and patient knowledge recall

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-14-01174R1

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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   ✔ No

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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. Yin reports grants from Virtual Medical Inc. (Parent company of the web-based teaching tool), 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)  Ralph
2. Surname (Last Name)  Gambardella
3. Date  12-March-2015
4. Are you the corresponding author?  No
5. Manuscript Title  Web-based education prior to knee arthroscopy enhances informed consent and patient knowledge recall
6. Manuscript Identifying Number (if you know it)  JBJS-D-14-01174R1

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Section 1. Identifying Information

1. Given Name (First Name)  Laura
2. Surname (Last Name)  Goldsmith
3. Date  12-March-2015
4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name  Bob Yin MD
5. Manuscript Title
Web-based education prior to knee arthroscopy enhances informed consent and patient knowledge recall
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