ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  Benedict
2. Surname (Last Name)  DiGiovanni
3. Date  22-January-2014
4. Are you the corresponding author?  Yes  ☑  No

5. Manuscript Title
Factors Impacting Musculoskeletal Knowledge and Clinical Confidence in Graduating Medical Students

6. Manuscript Identifying Number (if you know it)  JBJS-D-13-01283R2

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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Dr. DiGiovanni has nothing to disclose.

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<thead>
<tr>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Richard</td>
<td>Southgate</td>
<td>22-January-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ☑ No  

Corresponding Author’s Name  
Benedict F DiGiovanni, M.D.

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Southgate has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Regis
2. Surname (Last Name) O’Keefe
3. Date 23-January-2014
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Benedict F DiGiovanni, M.D.

5. Manuscript Title
Factors Impacting Musculoskeletal Knowledge and Clinical Confidence in Graduating Medical Students

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01283R2

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Dr. O'Keefe has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher  

2. Surname (Last Name)  
   Mooney  

3. Date  
   23-January-2014  

4. Are you the corresponding author?  
   ✔ No  

Corresponding Author’s Name  
Benedict F DiGiovanni, M.D.

5. Manuscript Title  
: Factors Impacting Musculoskeletal Knowledge and Clinical Confidence in Graduating Medical Students  

6. Manuscript Identifying Number (if you know it)  
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Mr. Mooney has nothing to disclose.

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1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Lambert

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   23-January-2014

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   No

Corresponding Author’s Name  
Benedict F DiGiovanni, M.D.

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Dr. Lambert has nothing to disclose.

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- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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Section 1. Identifying Information

1. Given Name (First Name) Jennifer
2. Surname (Last Name) Chu
3. Date 23-January-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Factors Impacting Musculoskeletal Knowledge and Clinical Confidence in Graduating Medical Students
6. Manuscript Identifying Number (if you know it)
   JBJS-D-13-01283R2

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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