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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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)  Brent
2. Surname (Last Name)  Graham
3. Date  25-September-2014
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Measuring patient satisfaction in orthopedic 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

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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<td></td>
<td>✔</td>
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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
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Dr. Graham reports personal fees from Journal of Bone and Joint Surgery, outside the submitted work.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Green

3. Date  
   30-September-2014

4. Are you the corresponding author?  
   Yes ✔

5. Manuscript Title  
   Measuring patient satisfaction in orthopedic 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 ✔

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

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<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>$23,750 unrestricted educational grant</td>
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<td>☐</td>
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<td>☐</td>
<td>✔</td>
<td>IP (royalties, license fees, etc.); consulting fees, honoraria, service on advisory committees</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>Consulting fees, honoraria, service on advisory committees</td>
</tr>
<tr>
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<td>☐</td>
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James
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Michelle
2. Surname (Last Name)  James
3. Date  26-September-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Measuring patient satisfaction in orthopaedic 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

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<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
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<tr>
<td>Shriners Hospital for Surgeons</td>
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<td>☐</td>
<td>☐</td>
<td>✓</td>
<td>Salary (I am an employee)</td>
</tr>
<tr>
<td>Journal of Bone and Joint Surgery</td>
<td>☐</td>
<td>✓</td>
<td>☐</td>
<td></td>
<td>Deputy Editor stipend</td>
</tr>
<tr>
<td>American Board of Orthopaedic Surgery</td>
<td>☐</td>
<td>☐</td>
<td>✓</td>
<td></td>
<td>Director</td>
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</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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Dr. James reports other from Shriners Hospital for Surgeons, other from Journal of Bone and Joint Surgery, non-financial support from American Board of Orthopaedic Surgery, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Jeffrey
2. Surname (Last Name) Katz
3. Date 26-September-2014
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Brent Graham, MD
5. Manuscript Title “Measuring patient satisfaction in orthopedic surgery.”
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Section 1. Identifying Information

1. Given Name (First Name) Marc
2. Surname (Last Name) Swiontkowski
3. Date 02-October-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Brent Graham
5. Manuscript Title Measuring Patient Satisfaction in Orthopaedic Surgery
6. Manuscript Identifying Number (if you know it)

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<table>
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<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>Journal of Bone and Joint Surgery</td>
<td>☐</td>
<td>☑</td>
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<td>Salary</td>
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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 ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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