

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Art

2. Surname (Last Name)
Sedrakyan

3. Date
01-July-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
National and international post-market research and surveillance implementation: Achievements of International Consortium of Orthopedic Registries initiative

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
FDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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. Sedrakyan reports grants from FDA, 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)
Rebecca

2. Surname (Last Name)
Love

3. Date
01-July-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Art Sedrakyan

5. Manuscript Title
National and international post-market research and surveillance implementation: Achievements of International Consortium of Orthopedic Registries initiative

6. Manuscript Identifying Number (if you know it)

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Dr. Love has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stephen	2. Surname (Last Name) Graves	3. Date 19-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Art Sedrakyan
5. Manuscript Title National and international post-market research and surveillance implementation: Achievements of International Consortium of Orthopedic Registries initiative		
6. Manuscript Identifying Number (if you know it)		

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Dr. Graves has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Danica

2. Surname (Last Name)

Marinac-Dabic

3. Date

30-June-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Art Sedrakyan

5. Manuscript Title

National and international post-market research and surveillance implementation: Achievements of International Consortium of Orthopedic Registries initiative

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Dr. Marinac-Dabic has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Paxton

3. Date
06-May-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Art Sedrakyan

5. Manuscript Title
Overview of the ICOR contribution to regulatory science and worldwide device outcome assessment, Sedrakyan

6. Manuscript Identifying Number (if you know it)

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Dr. Paxton reports grants from FDA, during the conduct of the study; .

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