ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Shultz

3. Date  
   12-March-2014

4. Are you the corresponding author?  
   Yes ❑ No

---

5. Manuscript Title  
   International Health Electives in Orthopaedic Surgery Residency Training

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?  
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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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Mr. Shultz has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Robin

2. Surname (Last Name)  
   Kamal

3. Date  
   10-March-2014

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

5. Manuscript Title  
   International Health Elective

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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   No [✓]

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   Yes [ ]  
   No [✓]
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>EDWARD</td>
<td>AKELMAN</td>
<td>17-March-2014</td>
</tr>
</tbody>
</table>

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

**Corresponding Author’s Name**

Dr Paul Schultz

5. Manuscript Title

RE: "International Health Electives in Orthopaedic Surgery Residency Training,"

6. Manuscript Identifying Number (if you know it)

JBJS-D-13-01189

**Section 2. The Work Under Consideration for Publication**

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Dr. AKELMAN 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)  
Christopher

2. Surname (Last Name)  
DiGiovanni

3. Date  
26-March-2014

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

5. Manuscript Title  
International Health Electives in Orthopaedic Surgery Residency Training

6. Manuscript Identifying Number (if you know it)  
JBJS-D-13-01189R2

Section 2. The Work Under Consideration for Publication

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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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Dr. DiGiovanni reports personal fees from Extremity Medical, personal fees from Wright Medical (biomimetics), personal fees from Arthrex, personal fees from Curamedix, personal fees from Performance Orthotics, personal fees from Elsevier, Lippincott, Saunders, outside the submitted work.

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<tbody>
<tr>
<td>Alan</td>
<td>Daniels</td>
<td>10-March-2014</td>
</tr>
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4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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