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.

1. Identifying information.

2. The work under consideration for publication.

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5. Relationships not covered above.

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## Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Bagian

3. Date  
21-December-2016

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

   Corresponding Author’s Name  
   Kyle Jeray

5. Manuscript Title  
Medical Team Training Improves Team Performance

6. Manuscript Identifying Number (if you know it)  
JBJS-D-16-01290R1

## 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]

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Bagian has nothing to disclose.

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Carpenter

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   James  

2. Surname (Last Name)  
   Carpenter  

3. Date  
   18-October-2016  

4. Are you the corresponding author?  
   Yes  ✔  No  

   Corresponding Author’s Name  
   Kyle Jeray, MD  

5. Manuscript Title  
   Time to Realize That Team Performance Trumps Individual Performance  

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  

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<th>Name of Entity</th>
<th>Grant?</th>
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Dr. Carpenter reports other from American Board of Orthopaedic Surgery, Inc, other from American Council on Graduate Medical Education-Ortho RRC, other from American Journal of Sports Medicine, other from American Orthopaedic Association, other from Pfizer, other from Stryker, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Kyle
2. Surname (Last Name) Jeray
3. Date 23-September-2016
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title Time to Realize That Team Performance Trumps Individual Performance
6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes  
- No

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Rebecca

2. Surname (Last Name)  
Snider

3. Date  
20-February-2017

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Kyle Jeray, MD

5. Manuscript Title  
Time to Realize That Team Performance Trumps Individual Performance

6. Manuscript Identifying Number (if you know it)  
BJSJ-D-16-01490R1

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