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)  
   Kevin  

2. Surname (Last Name)  
   Bozic  

3. Date  
   24-October-2016  

4. Are you the corresponding author?  
   ✔ Yes  
   □ No  

   Corresponding Author’s Name  
   Joan E. Bechtold  

5. Manuscript Title  
   The Pursuit of Scholarship – Why We Should Care About Resident Research and Best Practices to Achieve Maximal Impact  

6. Manuscript Identifying Number (if you know it)  

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### 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

---

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.  

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   ✔ Yes  
   □ No  

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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Dr. Bozic reports grants from Agency for Healthcare Research and Quality (AHRQ), grants from California Public Employees’ Retirement System (CalPERS), personal fees from Harvard Business School, personal fees from Centers for Medicare and Medicaid Services, other from American Joint Replacement Registry (AJRR), grants from National Institutes for Health (NIH), personal fees from Institute for Healthcare Improvement, other from American Academy of Orthopaedic Surgeons (AAOS), other from American Association of Hip and Knee Surgeons (AAHKS), other from Orthopaedic Research and Education Foundation (OREF), outside the submitted work; .
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Section 1. Identifying Information
1. Given Name (First Name)  David
2. Surname (Last Name)  Polly
3. Date  01-October-2016
4. Are you the corresponding author?  No
Corresponding Author’s Name  Joan E. Bechtold
5. Manuscript Title  The Pursuit of Scholarship – Why We Should Care About Resident Research and Best Practices to Achieve Maximal Impact
6. Manuscript Identifying Number (if you know it)

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Scoliosis Research Society Board of Directors, AAOS Board of Councilors, AAOS Board of Specialty Societies and the Minnesota Orthopaedic Society Board of Directors

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Dr. Polly reports no industry conflicts. He is associated with the Scoliosis Research Society Board of Directors, AAOS Board of Councilors, AAOS Board of Specialty Societies and the Minnesota Orthopaedic Society Board of Directors.

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Section 1. Identifying Information

1. Given Name (First Name)  
Stephen  

2. Surname (Last Name)  
Albanese  

3. Date  
01-October-2016  

4. Are you the corresponding author?  
☑ No  

Corresponding Author’s Name  
Joan E. Bechtold  

5. Manuscript Title  
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Dr. Albanese has nothing to disclose.

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1. Given Name (First Name)  
   Joan

2. Surname (Last Name)  
   Bechtold

3. Date  
   01-October-2016

4. Are you the corresponding author?  
   ✔ Yes   ☐ No

5. Manuscript Title  
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   Joseph

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   Buckwalter

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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?  
   □ Yes  ✔ No

Buckwalter
Section 5. Relationships not covered above

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Dr. Buckwalter has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew
2. Surname (Last Name) Pugely
3. Date 01-October-2016
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Joan E. Bechtold
5. Manuscript Title
   The Pursuit of Scholarship – Why We Should Care About Resident Research and Best Practices to Achieve Maximal Impact
6. Manuscript Identifying Number (if you know it)

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian</td>
<td>Snyder</td>
<td>01-October-2016</td>
</tr>
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</table>

4. Are you the corresponding author? ☑ No

<table>
<thead>
<tr>
<th>Corresponding Author's Name</th>
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<tbody>
<tr>
<td>Joan E. Bechtold</td>
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5. Manuscript Title

The Pursuit of Scholarship – Why We Should Care About Resident Research and Best Practices to Achieve Maximal Impact

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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? ☑ No
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Dr. Snyder has nothing to disclose.

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

Corresponding Author’s Name: Joan E. Bechtold

5. Manuscript Title
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Dr. Weinstein has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Benjamin

2. **Surname (Last Name)**
   - Williams

3. **Date**
   - 01-October-2016

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - The Pursuit of Scholarship – Why We Should Care About Resident Research and Best Practices to Achieve Maximal Impact

6. **Manuscript Identifying Number (if you know it)**
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   - Joan E. Bechtold

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