ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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- [Image]
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   S. Elizabeth

2. Surname (Last Name)  
   Ames

3. Date  
   09-May-2017

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

   Corresponding Author's Name  
   Brent A. Ponce M.D.

5. Manuscript Title  
   What Leads to Lead?  
   Results of a Nationwide Survey Exploring Attitudes and Practices of Orthopaedic Surgery Residents Regarding Radiation Safety

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Ames has nothing to disclose.

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<tr>
<td>James</td>
<td>Bowman</td>
<td>10-May-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Brent A. Ponce M.D.

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

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Parke

2. **Surname (Last Name)**  
   Hudson

3. **Date**  
   10-May-2017

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

   **Corresponding Author's Name**  
   Brent A. Ponce M.D.

5. **Manuscript Title**  
   What Leads to Lead?  
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6. **Manuscript Identifying Number (if you know it)**

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Dr. Hudson has nothing to disclose.

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<tbody>
<tr>
<td>Joseph</td>
<td>Khoury</td>
<td>10-May-2017</td>
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</table>

4. Are you the corresponding author? ☑ No

5. Manuscript Title
What Leads to Lead?
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Dr. Khoury has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Lee
2. Surname (Last Name)  Leddy
3. Date  12-May-2017
4. Are you the corresponding author?  Yes  ☒ No
Corresponding Author's Name  Brent A. Ponce M.D.
5. Manuscript Title  What Leads to Lead?
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<th>Non-Financial Support?</th>
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Dr. Leddy reports grants from KCI, outside the submitted work.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
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<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerald</td>
<td>McGwin</td>
<td>10-May-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ☑ No

5. Manuscript Title
   What Leads to Lead?
   Results of a Nationwide Survey Exploring Attitudes and Practices of Orthopaedic Surgery Residents Regarding Radiation

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? ☑ No
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Dr. McGwin 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)  
   Joshua  

2. Surname (Last Name)  
   Patt  

3. Date  
   09-May-2017  

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

   Corresponding Author’s Name  
   Brent A. Ponce M.D.  

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jeffrey  
2. Surname (Last Name)  
   Pearson  
3. Date  
   10-May-2017  
4. Are you the corresponding author?  
   Yes  
   No  
   ✔ No  

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

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Brent

2. Surname (Last Name)  
   Ponce

3. Date  
   10-May-2017

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

5. Manuscript Title  
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<td>□</td>
<td>✔</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Ponce
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Dr. Ponce reports personal fees from Wright Medical, other from HelpLightning, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  Afshin
2. Surname (Last Name)  Razi
3. Date  10-May-2017
4. Are you the corresponding author?  Yes  No
  Corresponding Author’s Name  Brent Ponce
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)

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<tr>
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Dr. Razi reports other from ETHICON, outside the submitted work.

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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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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)  
   Creighton

2. Surname (Last Name)  
   Tubb

3. Date  
   09-May-2017

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

   Corresponding Author’s Name  
   Brent A. Ponce M.D.

5. Manuscript Title  
   What Leads to Lead?  
   Results of a Nationwide Survey Exploring Attitudes and Practices of Orthopaedic Surgery Residents Regarding Radiation Safety

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  [x] No

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## 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.

Are there any relevant conflicts of interest?  
   [ ] Yes  [x] No

---

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  [x] No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

✔ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tubb has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Shawna

2. Surname (Last Name)  
   Watson

3. Date  
   10-May-2017

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   What Leads to Lead?  
   Results of a Nationwide Survey Exploring Attitudes and Practices of Orthopaedic Surgery Residents Regarding Radiation Safety

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