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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>Michael</td>
<td>Burton, Jr.</td>
<td>26-February-2018</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where Are We Now?

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 ✔

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

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

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Mr. Burton, Jr. has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Lynn  
2. Surname (Last Name)  
   Crosby  
3. Date  
   26-February-2018  
4. Are you the corresponding author?  
   No  
5. Manuscript Title  
   Misrepresentation of Research Publications Among Orthopaedic Surgery Applicants: Where Are We Now?  
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Dr. Crosby 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)  
Richard

2. Surname (Last Name)  
Laughlin

3. Date  
27-February-2018

4. Are you the corresponding author?  
[ ] Yes  [X] No  
Corresponding Author’s Name  
Brett Meeks

5. Manuscript Title  
Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where Are We Now?

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Laughlin 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)  Andrew
2. Surname (Last Name)  Froehle
3. Date  25-February-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Brett Meeks
5. Manuscript Title  Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where are we now?
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Froehle 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)  
Eric  

2. Surname (Last Name)  
Kiskaddon  

3. Date  
24-February-2018  

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

Corresponding Author’s Name  
Brett Meeks

5. Manuscript Title  
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---

Kiskaddon
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kiskaddon has nothing to disclose.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Brett

2. Surname (Last Name)  
   Meeks

3. Date  
   24-February-2018

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

5. Manuscript Title  
   Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where are we now?

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

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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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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?

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

Dr. Meeks has nothing to disclose.

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