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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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**
   
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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) Richard
2. Surname (Last Name) Gelberman
3. Date 16-October-2017
4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name Dane Salazar MD

5. Manuscript Title
Academic Chair. Achieving success in a rapidly evolving health care environment

6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01056R2

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Section 6. Disclosure Statement

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Dr. Gelberman reports other from Medartis, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) James
2. Surname (Last Name) Herndon
3. Date 16-October-2017
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Dane Salazar MD
5. Manuscript Title
   Academic Chair. Achieving success in a rapidly evolving health care environment
6. Manuscript Identifying Number (if you know it)
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Section 2. The Work Under Consideration for Publication

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Dr. Herndon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dane
2. Surname (Last Name) Salazar
3. Date 27-October-2017
4. Are you the corresponding author?  ✔ Yes  ☐ No
5. Manuscript Title
Academic Chair. Achieving success in a rapidly evolving health care environment
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Dr. Salazar has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Vail

3. Date  
   16-October-2017

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

   Corresponding Author’s Name  
   Dane Salazar MD

5. Manuscript Title  
   Academic Chair. Achieving success in a rapidly evolving health care environment

6. Manuscript Identifying Number (if you know it)  
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Consultant for DePuy with royalties for certain IP on hip and knee products

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Dr. Vail reports grants from Department of Defense, NIH, outside the submitted work; and Consultant for DePuy with royalties for certain IP on hip and knee products.

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<td>Zuckerman</td>
<td>27-October-2017</td>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name

Dane Salazar MD

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Dr. Zuckerman has nothing to disclose.

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