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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Aaron

2. Surname (Last Name)
   Casp

3. Date
   19-May-2018

4. Are you the corresponding author?
   ✔ Yes  No

5. Manuscript Title
   The effect of timing during the academic year or resident PGY-level on complication rates in lower extremity orthopaedic trauma surgery

6. Manuscript Identifying Number (if you know it)
   JBJS-D-18-00279R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?
   No

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Are there any relevant conflicts of interest?
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Section 6. Disclosure Statement

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Dr. Casp 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) Brendan
2. Surname (Last Name) Patterson
3. Date 19-May-2018
4. Are you the corresponding author? [ ] Yes [ ] No
5. Manuscript Title The effect of timing during the academic year or resident PGY-level on complication rates in lower extremity orthopaedic trauma surgery
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00279R1

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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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [ ] No
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Dr. Patterson has nothing to disclose.

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Tennant
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)   Josh
2. Surname (Last Name)   Tennant
3. Date   19-May-2018

4. Are you the corresponding author?   Yes ☑ No

Corresponding Author’s Name   Aaron Casp

5. Manuscript Title
The effect of timing during the academic year or resident PGY-level on complication rates in lower extremity orthopaedic trauma surgery

6. Manuscript Identifying Number (if you know it)
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## Section 1. Identifying Information

1. Given Name (First Name)  
   Seth

2. Surname (Last Name)  
   Yarboro

3. Date  
   19-May-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Aaron Casp

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