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)  
Cary

2. Surname (Last Name)  
Politzer

3. Date  
16-April-2018

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

Corresponding Author’s Name  
Carolyn A. Hutyra

5. Manuscript Title  
Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations

6. Manuscript Identifying Number (if you know it)  
JBJS-D-17-01588R1

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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?  
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Dr. Politzer 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)  Perez
2. Surname (Last Name)  Agaba
3. Date  20-April-2018
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Carolyn A. Hutyra

5. Manuscript Title  Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations
6. Manuscript Identifying Number (if you know it)  JBJS-D-17-01588R1

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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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
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Dr. Agaba has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Carolyn

2. Surname (Last Name)  
   Hutyra

3. Date  
   16-April-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations

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Carolyn Hutyra has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Richard
2. Surname (Last Name) Mather
3. Date 16-April-2018
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Carolyn A. Hutyra

5. Manuscript Title Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01588R1

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Are there any relevant conflicts of interest? ☑ Yes ☐ No
If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Personal Fees</th>
<th>Non-Financial Support</th>
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Dr. Mather reports personal fees from Stryker, personal fees from KNG Health Consulting, grants from Zimmer, other from North Carolina Orthopaedic Association, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
Lori

2. Surname (Last Name)  
Orlando

3. Date  
16-April-2018

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Carolyn A. Hutyra

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

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Elka
2. Surname (Last Name)  Rubin
3. Date  16-April-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Carolyn A. Hutyra
5. Manuscript Title
   Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations
6. Manuscript Identifying Number (if you know it)
   JBJS-D-17-0158R1

Section 2. The Work Under Consideration for Publication

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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
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Elka Rubin has nothing to disclose.

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1. Given Name (First Name)  Ben
2. Surname (Last Name)  Streufert
3. Date  17-April-2018
4. Are you the corresponding author?  ☑ No
5. Manuscript Title
Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations
6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01588R1

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Dr. Streufert has nothing to disclose.

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1. Given Name (First Name)  Dean
2. Surname (Last Name)  Taylor
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4. Are you the corresponding author?  ✔ Yes  ❏ No
   Corresponding Author’s Name  Carolyn A. Hutyra
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Are there any relevant conflicts of interest?  ✔ Yes  ❏ No
If yes, please fill out the appropriate information below.

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Dr. Taylor reports grants from Arthrex, Inc., grants from Breg, Inc., grants from DePuy Mitek, grants from DonJoy Orthopaedics (DJO), other from Histogenics, grants from OREF Fellowship Support, grants from Smith & Nephew Orthopaedics, other from DePuy Mitek, outside the submitted work;

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