ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Keaton
2. Surname (Last Name)  Fletcher
3. Date  06-September-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
PERSONALITY ASSESSMENT IN ORTHOPAEDIC SURGERY

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00578R1

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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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. Fletcher 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)  Alan
2. Surname (Last Name)  Friedman
3. Date  06-September-2018
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Paul Tornetta, MD
5. Manuscript Title  Personality Assessment in Orthopaedic Surgery
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?  No

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I am the CEO and one of the owners of J3Personica.

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Section 6. Disclosure Statement

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Mr. Friedman reports that he is the CEO and has an ownership interest in J3Personica..

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Joshua</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Jacobs</td>
</tr>
<tr>
<td>3. Date</td>
<td>20-September-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Personality Assessment in Orthopaedic Surgery</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>D-18-00578</td>
</tr>
</tbody>
</table>

Corresponding Author’s Name: Paul Tornetta

## 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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Dr. Jacobs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) | Monica
2. Surname (Last Name) | Kogan
3. Date | 20-September-2018
4. Are you the corresponding author? | Yes [ ] No [x]
   Corresponding Author’s Name | Paul Tornetta, MD
5. Manuscript Title
   Personality Assessment in Orthopaedic Surgery
6. Manuscript Identifying Number (if you know it)
   JBJS-D-18-00578

Section 2. The Work Under Consideration for Publication

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

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Kogan
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Dr. Kogan has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)
   - Paul

2. Surname (Last Name)
   - Tornetta

3. Date
   - 04-September-2018

4. Are you the corresponding author?
   - Yes ✔

5. Manuscript Title
   - Personality Assessment in Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)
   - D-18-00578R1

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Tornetta
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Dr. Tornetta has nothing to disclose.

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Sterling

3. Date  
   06-September-2018

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

5. Manuscript Title  
   Personality Assessments in Orthopaedic Surgery

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.)?

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

Dr. Sterling has nothing to disclose.

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