ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Ring
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   David

2. Surname (Last Name)
   Ring

3. Date
   09-March-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title
   Visit Duration Does Not Correlate with Perceived Empathy

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

Section 3. Relevant financial activities outside the submitted work.

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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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**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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**Section 6. Disclosure Statement**

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Dr. Ring reports other from Skeletal Dynamics, other from Wright Medical, personal fees from Deputy Editor for Clinical Orthopaedics and Related Research, personal fees from Universities and Hospitals, personal fees from Lawyers, outside the submitted work.

**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)  Gregg
2. Surname (Last Name)  Vagner
3. Date  09-March-2018
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  David Ring

5. Manuscript Title  Visit Duration Does Not Correlate with Perceived Empathy

6. Manuscript Identifying Number (if you know it)

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Dr. Vagner has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Janna

2. Surname (Last Name)  
   Ottenhoff

3. Date  
   08-March-2018

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

   Corresponding Author’s Name  
   David Ring

5. Manuscript Title  
   Visit Duration Does Not Correlate with Perceived Empathy

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Joost  

2. Surname (Last Name)  
   Kortlever  

3. Date  
   09-March-2018  

4. Are you the corresponding author?  
   No  

**Corresponding Author’s Name**  
David Ring  

5. Manuscript Title  
   Visit Duration Does Not Correlate with Perceived Empathy  

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<tr>
<td>Lee</td>
<td>Reichel</td>
<td>09-March-2018</td>
</tr>
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</table>

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

Corresponding Author’s Name  
David Ring

5. Manuscript Title  
Visit Duration Does Not Correlate with Perceived Empathy

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Dr. Reichel has nothing to disclose.

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