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.

5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**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

Section 1. Identifying Information

1. Given Name (First Name)  
   April

2. Surname (Last Name)  
   Armstrong

3. Date  
   15-January-2018

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

5. Manuscript Title  
   Resident Quality Improvement Curriculum: A Longitudinal, Integrated, Collaborative Approach

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

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Are there any relevant conflicts of interest?  
   ✔ Yes  ❌ No

If yes, please fill out the appropriate information below.

<table>
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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<th>Comments</th>
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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

Armstrong
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Section 5. Relationships Not Covered Above

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Section 6. Disclosure Statement

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

Dr. Armstrong is a Consultant to Zimmer Biomet and Globus Medical.

Evaluation and Feedback

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<tbody>
<tr>
<td>Kevin</td>
<td>Black</td>
<td>15-January-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name: April D. Armstrong, MD

5. Manuscript Title
   Resident Quality Improvement Curriculum: A Longitudinal, Integrated, Collaborative Approach

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Black has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Susan
2. Surname (Last Name)  Hassenbein
3. Date  15-January-2018
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name
April D. Armstrong, MD

5. Manuscript Title
Resident Quality Improvement Curriculum: A Longitudinal, Integrated, Collaborative Approach

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Ms. Hassenbein has nothing to disclose.

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<td>Vaughn</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   
   Corresponding Author's Name: April Armstrong

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

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