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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Chong

2. **Surname (Last Name)**
   - Zhang

3. **Date**
   - 24-January-2018

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons

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  
- [x] No

### Section 3. Relevant financial activities outside the submitted work.

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- [ ] Yes  
- [x] No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes  
- [x] No

---

Zhang
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Chong Zhang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Angela  

2. Surname (Last Name)  
   Presson  

3. Date  
   26-January-2018  

4. Are you the corresponding author?  
   ☑ No  

   Corresponding Author’s Name  
   Alan Stotts

5. Manuscript Title  
   Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ☑ Yes  
   ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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   Angela Presson, Chong Zhang, and Morgan Millar’s contribution was funded in part by this grant.

Section 3. Relevant financial activities outside the submitted work.

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Dr. Presson reports grants from NIH 5UL1TR001067-05, during the conduct of the study.

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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)  
   Stotts

3. Date  
   29-January-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
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<tr>
<td>National Institutes of Health</td>
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<td>This paper was supported, in part, by NIH funding.</td>
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ann

2. Surname (Last Name)  
   Van Heest

3. Date  
   26-January-2018

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name
   Alan Stotts

5. Manuscript Title
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Dr. Van Heest has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Charles

2. Surname (Last Name)  
   Saltzman

3. Date  
   22-January-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

   Corresponding Author’s Name  
   Alan Stotts

5. Manuscript Title  
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Dr. Saltzman reports personal fees from Zimmer Biomet, personal fees from Wright Medical, outside the submitted work;

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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.

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. Relevant financial activities outside the submitted work.

   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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

5. Relationships not covered above.

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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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
Section 1. Identifying Information

1. Given Name (First Name)  Jessica
2. Surname (Last Name)  Kohring
3. Date  26-January-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Alan Stotts
5. Manuscript Title
   Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons
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

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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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. Kohring has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Harrast

3. Date  
26-January-2018

4. Are you the corresponding author?  

☐ Yes  ✔ No

Corresponding Author’s Name  
Alan Stotts

5. Manuscript Title  
Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons

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Are there any relevant conflicts of interest?  

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Section 1. Identifying Information

1. Given Name (First Name)  Morgan
2. Surname (Last Name) Millar
3. Date 24-January-2018
4. Are you the corresponding author?  No
   - Corresponding Author’s Name Alan Stotts
5. Manuscript Title
   Assessing the Optimal Amount of Residency Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons
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Dr. Millar has nothing to disclose.

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