ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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<tr>
<td>Jaimo</td>
<td>Ahn</td>
<td>20-August-2018</td>
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</table>

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

Corresponding Author’s Name: Hogan

5. Manuscript Title  
   Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates

6. Manuscript Identifying Number (if you know it)

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Dr. Ahn has nothing to disclose.

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<td>Joon</td>
<td>Lee</td>
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4. Are you the corresponding author?  
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   - No  
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Dr. Lee has nothing to disclose.

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1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Mittwede

3. Date  
   20-August-2018

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

   Corresponding Author’s Name  
   MaCalus Hogan

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name) Alejandro
   2. Surname (Last Name) Morales-Restrepo
   3. Date 24-September-2018
   4. Are you the corresponding author? Yes ☐ No ☑
   5. Manuscript Title Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates
   6. Manuscript Identifying Number (if you know it)

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Dr. Morales-Restrepo has nothing to disclose.

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1. Given Name (First Name)  
   Mitchell

2. Surname (Last Name)  
   Fourman

3. Date  
   24-August-2018

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   Yes ☐ No ☑

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   MaCalus Hogan

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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.

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

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

**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
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Section 1. Identifying Information

1. Given Name (First Name)  Freddie
2. Surname (Last Name)  Fu
3. Date  28-August-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates
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.

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.  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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Fu has nothing to disclose.

Evaluation and Feedback

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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.

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Hogan
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  MaCalus
2. Surname (Last Name)  Hogan
3. Date  23-August-2018
4. Are you the corresponding author?  Yes
5. Manuscript Title
Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates
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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
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Section 5. Relationships not covered above

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Dr. Hogan has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   kenneth

2. Surname (Last Name)  
   Egol

3. Date  
   22-August-2018

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

5. Manuscript Title  
   Research-Track Residency Programs in Orthopaedic Surgery: A Survey of Program Directors and Recent Graduates

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

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

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   [ ] Yes  
   ✔ No
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Dr. Egol has nothing to disclose.

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