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

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

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**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)  Christopher
2. Surname (Last Name)  Dy
3. Date  06-December-2018
4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title
   Disparities in Orthopaedic Healthcare: Narrowing the Gap

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

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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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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</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

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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. Dy reports grants from National Institutes of Health, during the conduct of the study; grants from NIH/NIAMS, outside the submitted work.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name) W. Stephen
2. Surname (Last Name) Choate
3. Date 21-December-2018
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Dane Salazar MD
5. Manuscript Title Disparities in Access To Musculoskeletal Care: Narrowing the Gap
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.)? [ ] Yes [✓] No

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Dr. Choate has nothing to disclose.

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1. Given Name (First Name)  Howard
2. Surname (Last Name)  Place
3. Date  21-December-2018
4. Are you the corresponding author?  [ ] Yes  [x] No
Corresponding Author’s Name  Dane Salazar MD
5. Manuscript Title
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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