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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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)
   Antonia F.

2. Surname (Last Name)
   Chen

3. Date
   30-August-2019

4. Are you the corresponding author?
   ✔ Yes   No

5. Manuscript Title
   The 2019 American-British-Canadian (ABC) Traveling Fellowship

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.

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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

### Section 5. Relationships not covered above

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Dr. Chen reports personal fees from SLACK publishing, other from Joint Purification Systems, personal fees from ACI, personal fees from Stryker, personal fees from bOne, other from Sonoran Biosciences, other from Graftworx, grants from OREF, personal fees from Pfizer, personal fees from Avanos, personal fees from Irrisept, personal fees from Convatec, personal fees from 3M, personal fees from Recro, personal fees from Zimmer, personal fees from Heraeus, personal fees from American Medical Foundation, personal fees from Zimmer, other from Hyalex, personal fees from DePuy, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Derek
2. Surname (Last Name)  Kelly
3. Date  30-August-2019
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Antonia Chen

5. Manuscript Title
The 2019 American-British-Canadian (ABC) Traveling Fellowship

6. Manuscript Identifying Number (if you know it)

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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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Dr. Kelly reports other from Elsevier Publishing, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
Sukdeep

2. Surname (Last Name)  
Dulai

3. Date  
02-September-2019

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

Corresponding Author’s Name  
Antonia Chen

5. Manuscript Title  
The 2019 American-British-Canadian Traveling Fellowship

6. Manuscript Identifying Number (if you know it)

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Dr. Dulai reports grants from The Women's and Children's Health Research Institute, grants from Glenrose Rehabilitation Hospital Foundation, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ruby

2. Surname (Last Name)  
   Grewal

3. Date  
   30-August-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Antonia Chen

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Dr. Grewal has nothing to disclose.

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

5. Relationships not covered above.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Michael</td>
<td>Lee</td>
<td>02-September-2019</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   The 2019 American-British-Canadian (ABC) Traveling Fellowship

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.)?

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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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Dr. Lee has nothing to disclose.

Evaluation and Feedback
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Section 1. Identifying Information

1. Given Name (First Name)  
   Philipp

2. Surname (Last Name)  
   Leucht

3. Date  
   02-September-2019

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Antonio Chen

5. Manuscript Title  
The 2019 American-British-Canadian (ABC) Traveling Fellowship

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   - Hassan

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

3. **Date**
   - 02-September-2019

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   - Yes [ ] No [x]

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If yes, please fill out the appropriate information below.

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Dr. Mir reports personal fees from Smith & Nephew, personal fees from Zimmer Biomet, personal fees from OrthoGrid, personal fees from Abyrx, personal fees from Trice Medical, personal fees from Stabiliz, outside the submitted work.

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