ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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
**Section 1. Identifying Information**

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   O’Toole

3. Date  
   18-June-2019

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

   Corresponding Author’s Name  
   Marcus F. Sciadini

5. Manuscript Title  
   Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00505R1

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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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<td>Not related to this study.</td>
</tr>
</tbody>
</table>

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

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

O’Toole
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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Dr. O'Toole reports personal fees from Smith & Nephew, personal fees from Coorstek, personal fees from Imagen, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Marcus
2. Surname (Last Name)  Sciadini
3. Date  14-June-2019
4. Are you the corresponding author?  ✓ Yes  □ No

5. Manuscript Title
Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-00505R1

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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<td>□</td>
<td>□</td>
<td>□</td>
<td>Resident research grant support</td>
</tr>
</tbody>
</table>

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
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<th>Other?</th>
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<td>□</td>
<td>□</td>
<td>Consultant</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

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Dr. Sciadini reports grants from Foundation For Orthopaedic Trauma, during the conduct of the study; personal fees from Stryker Orthopaedics, personal fees from Globus Medical, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Max
2. Surname (Last Name)  Coale
3. Date  18-June-2019

4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Marcus F. Sciadini, MD

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Coale has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Nathan

2. Surname (Last Name)  
   O’Hara

3. Date  
   13-June-2019

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

Corresponding Author’s Name  
Marcus Sciadini

5. Manuscript Title  
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<td></td>
<td>[X]</td>
<td>Stock Options</td>
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Mr. O'Hara reports other from Arbutus Medical Inc., outside the submitted work;

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Section 1. Identifying Information

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   R. Frank

2. Surname (Last Name)  
   Henn

3. Date  
   13-June-2019

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Marcus Sciadini

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☑ Yes  
☐ No

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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?  
☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Henn reports grants from Arthrex, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Annie
2. Surname (Last Name) Weber
3. Date 16-June-2019

4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name Marcus F. Sciadini, MD

5. Manuscript Title
   Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform

6. Manuscript Identifying Number (if you know it)
   JBJS-D-19-00505R1

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Domess

3. Date  
   20-June-2019

4. Are you the corresponding author?  
   Yes [ ] No [ ]
   Corresponding Author’s Name  
   Marcus Sciadini

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Dr. Domes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Christian

3. Date  
   20-June-2019

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

   Corresponding Author’s Name  
   Marcus F. Sciadini, MD

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1. Given Name (First Name)  Cullen
2. Surname (Last Name)  Griffith
3. Date  18-June-2019
4. Are you the corresponding author?  ☑ Yes  ☐ No
Corresponding Author’s Name  Marcus Sciadini

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