ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. **Identifying information.**

2. **The work under consideration for publication.**

3. **Relevant financial activities outside the submitted work.**

4. **Intellectual Property.**

5. **Relationships not covered above.**

Definitions.

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

**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Julie

2. Surname (Last Name)  
Agel

3. Date  
12-June-2019

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

5. Manuscript Title  
Evidence Based Medicine- Boom or Bust in Orthopaedics?

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00547R1

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No
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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Julie Agel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Edward
2. Surname (Last Name)  Harvey
3. Date  13-June-2019
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Evidence Based Medicine- Boom or Bust in Orthopaedics?
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-00547R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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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>
<th>Other?</th>
<th>Comments</th>
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</tr>
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</table>

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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. Harvey reports personal fees from Cdn J Surgery, other from NXTSens/MY01, grants from CIHR/ DOD, outside the submitted work;

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Paul

2. Surname (Last Name)  
Martineau

3. Date  
14-June-2019

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

Corresponding Author’s Name  
Julie Agel

5. Manuscript Title  
Evidence Based Medicine - Boom or Bust in Orthopaedics?

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Dr. Martineau has nothing to disclose.

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**Section 1.** Identifying Information

1. **Given Name (First Name)**
   Emil

2. **Surname (Last Name)**
   Schemitsch

3. **Date**
   17-June-2019

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

   **Corresponding Author’s Name**
   Julie Agel

5. **Manuscript Title**
   Evidence Based Medicine- Boom or Bust in Orthopaedics?

6. **Manuscript Identifying Number (if you know it)**
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Dr. Schemitsch reports personal fees from Stryker, personal fees from Smith&Nephew, personal fees from Amgen, personal fees from Acumed, personal fees from ITS, personal fees from Sanofi, grants from Biocomposites, outside the submitted work;

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1. Given Name (First Name)  Lauren
2. Surname (Last Name)  Nowak
3. Date  17-June-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Julie Agel
5. Manuscript Title
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Ms. Nowak has nothing to disclose.

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