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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**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)  Robert
2. Surname (Last Name) Hart
3. Date 26-October-2018
4. Are you the corresponding author? ☑ Yes  ☐ No

5. Manuscript Title
Update on mentorship in orthopaedic resident education; a report from the American Orthopaedic Association

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00697R1

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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

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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 1. Identifying Information

1. Given Name (First Name) Alan
2. Surname (Last Name) Daniels
3. Date 26-October-2018
4. Are you the corresponding author? ☑ Yes  ☐ No

Corresponding Author’s Name
Robert Hart, MD

5. Manuscript Title
Update on mentorship in orthopaedic resident education; a report from the American Orthopaedic Association

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Dr. Daniels reports personal fees from Orthofix, personal fees from Spineart, personal fees from Stryker, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   Adam

2. Surname (Last Name)  
   Eltorai

3. Date  
   26-October-2018

4. Are you the corresponding author?  
   ✔ Yes  ☐ No  
   Corresponding Author’s Name  
   Robert Hart, MD

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mary

2. Surname (Last Name)  
   Mulcahey

3. Date  
   26-October-2018

4. Are you the corresponding author?  
   Yes  ✔  No

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AAOS: Board or committee member
American Orthopaedic Society for Sports Medicine: Board or committee member
Arthrex, Inc: Paid presenter or speaker
Arthroscopy Association of North America: Board or committee member
Ruth Jack Orthopaedic Society: Board or committee member

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- **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)  
   Katherine

2. Surname (Last Name)  
   Yanney

3. Date  
   26-October-2018

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

   Corresponding Author’s Name  
   Robert Hart, MD

5. Manuscript Title  
   Update on mentorship in orthopaedic resident education; a report from the American Orthopaedic Association

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00697R1

Section 2. The Work Under Consideration for Publication

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Katherine Yanney has nothing to disclose.

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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”.

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

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Definitions.

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Lawrence
2. Surname (Last Name)  Marsh
3. Date  26-October-2018
4. Are you the corresponding author?  Yes  ❑  No  ❑
   Corresponding Author’s Name  Robert Hart, MD
5. Manuscript Title
   Update on mentorship in orthopaedic resident education; a report from the American Orthopaedic Association
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Are there any relevant conflicts of interest?  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? ☐ Yes ☑ No

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Dr. Marsh reports other from BioMet, personal fees from FxRedux, other from Oxford Press, personal fees from Tornier, outside the submitted work; and Member of the American Board of Orthopaedic Surgery.

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