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.

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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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<th>1. Given Name (First Name)</th>
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<tr>
<td>Aaron</td>
<td>Bois</td>
<td>08-August-2019</td>
</tr>
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</table>

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

Corresponding Author’s Name

Dr. D. Goel

5. Manuscript Title

Improved Complex Skill Acquisition by Immersive Virtual Reality Training: A Randomized Control Trial

6. Manuscript Identifying Number (if you know it)

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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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<td>[ ]</td>
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<td>Supplies and Personnel provided for the course to conduct the study</td>
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Section 1. Identifying Information

1. Given Name (First Name)  
   George

2. Surname (Last Name)  
   Athwal

3. Date  
   08-August-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Dr. D. Goel

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<td>Provided lab access and cadavers with personnel.</td>
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</table>

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. Athwal reports non-financial support from The Canadian Shoulder and Elbow Society (CSES), during the conduct of the study; other from Wright Medical, other from Conmed Linvatec, other from Exactech, other from Precision OS, non-financial support from Canadian Shoulder and Elbow Society, outside the submitted work; .
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1. Given Name (First Name)  
   Danny

2. Surname (Last Name)  
   Goel

3. Date  
   08-August-2019

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

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   □ No

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<td>CEO and Founder</td>
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✔ Yes, the following relationships/conditions/circumstances are present (explain below):

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I am founder of the company but the work was done with an unrelated society (CSES) and other authors who are not part of the organization nor receives any royalties, fees or the like

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<td>4. Are you the corresponding author?</td>
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<td>6. Manuscript Identifying Number (if you know it)</td>
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Are there any relevant conflicts of interest? Yes | No

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Dr. Lohre has nothing to disclose.

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