

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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4. Intellectual Property.

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

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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)
Greg

2. Surname (Last Name)
Grabowski, MD

3. Date
10-April-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
William Melton, MD

5. Manuscript Title
Orthopaedic Resident Remediation: Frequency, Interventions, and Outcomes

6. Manuscript Identifying Number (if you know it)
JBJSOA-D-18-00011R1

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.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AO Spine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium Teaching Compensation

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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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. Grabowski, MD reports personal fees from AO Spine, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
James Benjamin

2. Surname (Last Name)
Jackson III

3. Date
09-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
William Melton

5. Manuscript Title
Orthopaedic Resident Remediation: Frequency, Interventions, and Outcomes

6. Manuscript Identifying Number (if you know it)
JBJSOA-D-18-00011R1

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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Dr. Jackson III has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Koon, MD	3. Date 10-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name William Melton, MD
5. Manuscript Title Orthopaedic Resident Remediation: Frequency, Interventions, and Outcomes		
6. Manuscript Identifying Number (if you know it) JBJSOA-D-18-00011R1		

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Dr. Koon, MD has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
William

2. Surname (Last Name)
Melton

3. Date
13-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Orthopaedic Resident Remediation: Frequency, Interventions, and Outcomes

6. Manuscript Identifying Number (if you know it)
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