

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.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jake

2. Surname (Last Name)

Checketts

3. Date

20-January-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

An evaluation of publication bias in high impact orthopaedic literature

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Mr. Checketts has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jared

2. Surname (Last Name)

Scott

3. Date

20-January-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jake Checketts

5. Manuscript Title

An evaluation of publication bias in high impact orthopaedic literature

6. Manuscript Identifying Number (if you know it)

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Mr. Scott has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Craig	2. Surname (Last Name) Cooper	3. Date 20-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jake Checketts
5. Manuscript Title An evaluation of publication bias in high impact orthopaedic literature		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Cole	2. Surname (Last Name) Wayant	3. Date 20-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jake Checketts
5. Manuscript Title An evaluation of publication bias in high impact orthopaedic literature		
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Section 1. Identifying Information

1. Given Name (First Name) Marshall	2. Surname (Last Name) Boose	3. Date 20-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jake Checketts
5. Manuscript Title An evaluation of publication bias in high impact orthopaedic literature		
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5. Manuscript Title An evaluation of publication bias in high impact orthopaedic literature		
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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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Dr. Vassar has nothing to disclose.

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