ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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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) 
   Brendan

2. Surname (Last Name) 
   Patterson

3. Date 
   19-February-2014

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

Corresponding Author’s Name
   Reid Draeger

5. Manuscript Title
   A regional assessment of Medicaid access to outpatient orthopaedic care: the influence of population density and proximity to academic medical centers on patient access

6. Manuscript Identifying Number (if you know it)
   JBJS-D-13-01188R2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? 
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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 ☑
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Dr. Patterson has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffery

2. Surname (Last Name)  
   Spang

3. Date  
   19-February-2014

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   A regional assessment of Medicaid access to outpatient orthopaedic care: the influence of population density and proximity to academic medical centers on patient access

6. Manuscript Identifying Number (if you know it)  
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Erik

2. **Surname (Last Name)**
   - Olsson

3. **Date**
   - 19-February-2014

4. **Are you the corresponding author?**
   - Yes

**Corresponding Author’s Name**
- Reid Draeger

5. **Manuscript Title**
   - A regional assessment of Medicaid access to outpatient orthopaedic care: the influence of population density and proximity to academic medical centers on patient access

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-13-01188R2

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Are there any relevant conflicts of interest?  
- Yes  
- No

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Feng-Chang

2. **Surname (Last Name)**
   - Lin

3. **Date**
   - 19-February-2014

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - A regional assessment of Medicaid access to outpatient orthopaedic care: the influence of population density and proximity to academic medical centers on patient access

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- Yes
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1. Given Name (First Name)  
   Ganesh  
2. Surname (Last Name)  
   Kamath  
3. Date  
   19-February-2014  
4. Are you the corresponding author?  
   Yes ☑ No  
   Corresponding Author's Name  
   Reid Draeger  
5. Manuscript Title  
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Dr. Kamath has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent

Draeger
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Reid

2. Surname (Last Name)  
   Draeger

3. Date  
   19-February-2014

4. Are you the corresponding author?  
   Yes ☑ No

5. Manuscript Title  
   A regional assessment of Medicaid access to outpatient orthopaedic care: the influence of population density and proximity to academic medical centers on patient access

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-13-01188R2

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 ☑

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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.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Draeger has nothing to disclose.

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