

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.

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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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) Paul	2. Surname (Last Name) Shultz	3. Date 12-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title International Health Electives in Orthopaedic Surgery Residency Training	_____	
6. Manuscript Identifying Number (if you know it)	_____	

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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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Shultz has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Robin

2. Surname (Last Name)
Kamal

3. Date
10-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
International Health Elective

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)
EDWARD

2. Surname (Last Name)
AKELMAN

3. Date
17-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr Paul Schultz

5. Manuscript Title
RE: "International Health Electives in Orthopaedic Surgery Residency Training,"

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01189.

Section 2. The Work Under Consideration for Publication

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Dr. AKELMAN has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
DiGiovanni

3. Date
26-March-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
International Health Electives in Orthopaedic Surgery Residency Training

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01189R2

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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
Extremity Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	royalties, consulting fees, stock
Wright Medical (biomimetics)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting fees, stock
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting fees
Curamedix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	royalties
Performance Orthotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	royalties
Elsevier, Lippincott, Saunders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	royalties

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. DiGiovanni reports personal fees from Extremity Medical, personal fees from Wright Medical (biomimetics), personal fees from Arthrex, personal fees from Curamedix, personal fees from Performance Orthotics, personal fees from Elsevier, Lippincott, Saunders, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Alan

2. Surname (Last Name)

Daniels

3. Date

10-March-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

International Health Electives in Orthopaedic Surgery Residency Training

6. Manuscript Identifying Number (if you know it)

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