

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Sanjeev | 2. Surname (Last Name) Kakar | 3. Date 22-June-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eric Strauss, MD |
| 5. Manuscript Title Report From The 2013 AOA North American Traveling Fellowship | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-14-00543R1 | | |

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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Kakar 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)

Daniel

2. Surname (Last Name)

Stinner

3. Date

22-June-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Eric Strauss, MD

5. Manuscript Title

Report From The 2013 AOA North American Traveling Fellowship

6. Manuscript Identifying Number (if you know it)

JBJS-D-14-00543R1

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Dr. Stinner has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Carolyn | 2. Surname (Last Name) Hettrich | 3. Date 22-June-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eric Strauss, MD |
| 5. Manuscript Title Report From The 2013 AOA North American Traveling Fellowship | | |
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| | | |
|---|---|---|
| 1. Given Name (First Name) John | 2. Surname (Last Name) Grant | 3. Date 22-June-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Eric Strauss, MD |
| 5. Manuscript Title Report From The 2013 AOA North American Traveling Fellowship | | |
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Strauss

3. Date
27-May-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Report from the 2013 AOA North American Traveling Fellowship

6. Manuscript Identifying Number (if you know it)
JBJS-D-14-00543R1

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