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”.

3. Relevant financial activities outside the submitted work.

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

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)  Linda
2. Surname (Last Name)  Sandell
3. Date  02-March-2019
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title  Orthopaedic Forum: The Orthopaedic Publishing Landscape
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name

Jenifer WOLF

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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If yes, please fill out the appropriate information below.

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<tr>
<td>Orthopaedic Research Society</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Honorarium as Editor in Chief of the Journal of ORthopaedic Research</td>
</tr>
<tr>
<td>NIH</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
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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. Sandell reports other from Orthopaedic Research Society, grants from NIH, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Karen

2. Surname (Last Name)  
   Dodson

3. Date  
   02-March-2019

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author's Name  
   Jennifer Wolf, MD

5. Manuscript Title  
   Orthopaedic Forum: The Orthopaedic Publishing Landscape

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Karen Dodson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Seth
2. Surname (Last Name)  Leopold
3. Date  27-February-2019
4. Are you the corresponding author?  
   ✔ Yes  No
Corresponding Author’s Name  Jennifer Moriatis Wolf, MD
5. Manuscript Title  Orthopaedic Forum: The Orthopaedic Publishing Landscape
6. Manuscript Identifying Number (if you know it)

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<tr>
<td>The Association of Bone and Joint Surgeons</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>A large portion of my salary support is covered through a contract from the Association of Bone and Joint Surgeons, which owns Clinical Orthopaedics and Related Research. I am the editor-in-chief of CORR, and this contract covers my time to do that work.</td>
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I serve as a council member of the Committee on Publication Ethics (COPE).

I am an ex-officio (non-voting) member of the Board of Trustees of Clinical Orthopaedics and Related Research, and I am the editor-in-chief of that journal.

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Dr. Leopold reports other financial support to his institution from The Association of Bone and Joint Surgeons for his time as editor-in-chief of Clinical Orthopaedics and Related Research; this is outside the submitted work. He also serves as a council member of the Committee on Publication Ethics (COPE). He is an ex-officio (non-voting) member of the Board of Trustees of Clinical Orthopaedics and Related Research, and he is the editor-in-chief of that journal.

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Section 1. Identifying Information

1. Given Name (First Name)  
Jennifer

2. Surname (Last Name)  
Wolf

3. Date  
06-March-2019

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

5. Manuscript Title  
Orthopaedic Forum: The Orthopaedic Publishing Landscape

6. Manuscript Identifying Number (if you know it)

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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>salary - deputy editor</td>
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