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.

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

5. Relationships not covered above.

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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)  Kanu
2. Surname (Last Name)  Goyal
3. Date  26-March-2019
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
Use of Standardized Letters of Recommendation for Orthopaedic Surgery Residency Applications: A Single Institution Retrospective Review
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-00130R1

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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Are there any relevant conflicts of interest?  ✔ Yes  No
If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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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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Section 6. Disclosure Statement

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

Dr. Goyal reports grants from Skeletal Dynamics, grants from Acumed, outside the submitted work; .

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Richard  
2. Surname (Last Name)  
   Samade  
3. Date  
   26-March-2019  
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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   ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Samade has nothing to disclose.

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1. Given Name (First Name)  Julie
2. Surname (Last Name)  Balch Samora
3. Date  26-March-2019
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   Corresponding Author’s Name  Kanu S. Goyal
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Dr. Balch Samora has nothing to disclose.

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2. Surname (Last Name)  Scharschmidt  
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Dr. Scharschmidt reports personal fees from Stryker Corp., personal fees from Medical Device Business Services Inc., outside the submitted work.

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