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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4. **Intellectual Property.**

   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)  
James

2. Surname (Last Name)  
Learned

3. Date  
08-March-2020

4. Are you the corresponding author?  
Yes ✔ No

Corresponding Author’s Name  
Jonah Hebert-Davies

5. Manuscript Title  
Don’t let it happen again: Time to talk about mental health

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-00191

**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

**Section 3. Relevant financial activities outside the submitted work.**

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.  
Are there any relevant conflicts of interest?  
Yes ✔ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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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. Learned reports personal fees from DePuy Synthes, personal fees from Smith and Nephew, personal fees from Abyryx, outside the submitted work;

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<tbody>
<tr>
<td>Jonah</td>
<td>Hebert-Davies</td>
<td>26-February-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes [✓]  
   - No [ ]

5. Manuscript Title  
   Don't let it happen again: Time to talk about mental health

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-00191

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   - Yes [ ]  
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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. Hebert-Davies has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Milton
2. Surname (Last Name)  Little
3. Date  27-February-2020
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title
Don’t let it happen again: Time to talk about mental health

6. Manuscript Identifying Number (if you know it)
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Clay  

2. Surname (Last Name)  
   Spitler  

3. Date  
   27-February-2020  

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  

Corresponding Author’s Name  
Jonah Hebert-Davies  

5. Manuscript Title  
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