

# ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Jaime Bellamy

Manuscript Title: What's Important: New Beginnings and Revealing Invisible Identities

Manuscript number (if known): JBJS-D-22-00144

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  x  </u> None	
6	Payment for expert testimony	<del><u>  x  </u></del> None	
7	Support for attending meetings and/or travel	<del><u>  x  </u></del> None	
8	Patents planned, issued or pending	<u>  x  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  x  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>      </u> None	Pride Ortho
			AAOS DAB
			Journal of Arthroplasty editorial board Arthroplasty Today editorial board
11	Stock or stock options	<u>  x  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  x  </u> None	
13	Other financial or non-financial interests	<u>      </u> None	Elsevier

Please place an “X” next to the following statement to indicate your agreement:

  x   I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Carla M. Bridges

Manuscript Title: "What's Important: New Beginnings and Revealing Invisible Identities"

Manuscript number (if known): JBJS-D-22-00144

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <input type="checkbox"/> Review/Editing <input type="checkbox"/> Medical writing      	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> X <input type="checkbox"/> None   	
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None   	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None   	
5		<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

☒ X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: David Fralinger

Manuscript Title: "What's Important: New Beginnings and Revealing Invisible Identities"

Manuscript number (if known): JBJS-D-22-00144

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> X <input type="checkbox"/> None   	
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None   	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None   	
5		<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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# ICMJE DISCLOSURE FORM

Date: 3/2/2022  
 Your Name: QUSAT Hammouri  
 Manuscript Title: JETS-D-22-00144  
 Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	Pride Ortho president
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.



# ICMJE DISCLOSURE FORM

Date: 3/1/2022  
 Your Name: Joseph Letzelter  
 Manuscript Title: What's Important: New Beginnings and Revealing Invisible Identities  
 Manuscript number (if known): JBJS-D-22-00144

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <input type="checkbox"/> Medical writing <input type="checkbox"/> Review and editing     	 Writing of portions of manuscript Editing/Reviewing     
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None   	  
3	Royalties or licenses	<input checked="" type="checkbox"/> None  	 
4	Consulting fees	<input checked="" type="checkbox"/> None  	 

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>XX</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>None</u>	

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ICMJE DISCLOSURE FORM

Date: March 3, 2022  
Your Name: Susan Odum  
Manuscript Title: Whats Important; New Beginnings and Revealing Invisible  
Manuscript number (if known): JBS - D-22-00194 Identities

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div>None</div> <div>Pride Ortho</div>	<div></div> <div>No payments</div>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div><input checked="" type="checkbox"/> None</div>	
3	Royalties or licenses	<div><input checked="" type="checkbox"/> None</div>	
4	Consulting fees	<div><input checked="" type="checkbox"/> None</div>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	<u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>None</u> PRIDE 02510	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non-financial interests	<u>X</u> None	

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# ICMJE DISCLOSURE FORM

Date: 3/1/2022  
 Your Name: Julie Samora  
 Manuscript Title: What's Important: New Beginnings and Revealing Invisible Identities  
 Manuscript number (if known): JBJS-D-22-00144

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	Board member: Pride Ortho, RJOS, POSNA (all unpaid)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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# ICMJE DISCLOSURE FORM

Date: 3/1/22  
 Your Name: Mark Schultzel MD MBA  
 Manuscript Title: What's Important: New Beginnings and Revealing Invisible Identities  
 Manuscript number (if known): JBJS-D-22-00144

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		Medical writing	
		Review of article	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>x</u> None n/a	
3	Royalties or licenses	<u>x</u> None	
4	Consulting fees	<u>x</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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