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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Jake

2. Surname (Last Name)  
Checketts

3. Date  
20-January-2019

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

5. Manuscript Title  
An evaluation of publication bias in high impact orthopaedic literature

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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?  
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Mr. Checketts has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jared
2. Surname (Last Name) Scott
3. Date 20-January-2019
4. Are you the corresponding author? ☒ Yes  ☐ No
   Corresponding Author’s Name Jake Checketts
5. Manuscript Title
   An evaluation of publication bias in high impact orthopaedic literature
6. Manuscript Identifying Number (if you know it)

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Mr. Scott has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Craig
2. Surname (Last Name)  Cooper
3. Date  20-January-2019
4. Are you the corresponding author?  ✔ No
5. Manuscript Title
   An evaluation of publication bias in high impact orthopaedic literature
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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Cooper has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Cole</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Wayant</td>
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<td>3. Date</td>
<td>20-January-2019</td>
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<td>4. Are you the corresponding author?</td>
<td>No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Jake Checketts</td>
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<td>5. Manuscript Title</td>
<td>An evaluation of publication bias in high impact orthopaedic literature</td>
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Mr. Wayant has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Marshall

2. Surname (Last Name)  
Boose

3. Date  
20-January-2019

4. Are you the corresponding author?  
Yes ☑ No

5. Manuscript Title  
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Dr. Boose has nothing to disclose.

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Other: Anything not covered under the previous three boxes
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Section 1. Identifying Information

1. Given Name (First Name) Matt
2. Surname (Last Name) Vassar
3. Date 20-January-2019
4. Are you the corresponding author? ☑ No
5. Manuscript Title An evaluation of publication bias in high impact orthopaedic literature
6. Manuscript Identifying Number (if you know it) 

Corresponding Author’s Name Jake Checketts

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Dr. Vassar has nothing to disclose.

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