

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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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.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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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

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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) Tyler	2. Surname (Last Name) McDonald	3. Date 08-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jaysson Brooks, MD
5. Manuscript Title Barriers to Increasing Diversity in Orthopaedic Surgery Residency Programs		
6. Manuscript Identifying Number (if you know it)		

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.

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Are there any relevant conflicts of interest? Yes No

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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Serves on a committee within the American Academy of Orthopaedic Surgeons (AAOS).

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Section 6. Disclosure Statement

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Dr. McDonald reports that he serves on a committee within the American Academy of Orthopaedic Surgeons (AAOS).

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) Lucas	2. Surname (Last Name) Drake	3. Date 08-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jaysson Brooks, MD
5. Manuscript Title Barriers to Increasing Diversity in Orthopaedic Surgery Residency Programs		
6. Manuscript Identifying Number (if you know it)		

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

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 5. Relationships not covered above

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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. Drake has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) William	2. Surname (Last Name) Replogle	3. Date 08-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jaysson Brooks, MD
5. Manuscript Title Barriers to Increasing Diversity in Orthopaedic Surgery Residency Programs		
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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Replogle has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew

2. Surname (Last Name) Graves

3. Date 08-October-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name Jaysson Brooks, MD

5. Manuscript Title Barriers to Increasing Diversity in Orthopaedic Surgery Residency Programs

6. Manuscript Identifying Number (if you know it) _____

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties, Presentations; and Consultant
Globus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Osteocentric	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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

Dr. Graves reports personal fees from Depuy Synthes, personal fees from Globus, and personal fees from Osteocentric, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Jaysson 2. Surname (Last Name) Brooks 3. Date 08-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Barriers to Increasing Diversity in Orthopaedic Surgery Residency Programs

6. Manuscript Identifying Number (if you know it)

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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic Spine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker
Depuy-Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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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Board member for J. Robert Gladden Orthopaedic Society; Committee member for the Pediatric Orthopaedic Society of North America and the Scoliosis Research Society.

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Dr. Brooks reports personal fees from Medtronic Spine, personal fees from Depuy-Synthes, outside the submitted work; he is a board member for J. Robert Gladden Orthopaedic Society; and is also a committee member for the Pediatric Orthopaedic Society of North America and the Scoliosis Research Society.

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