ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  Shane
2. Surname (Last Name)  Barton
3. Date  05-October-2021

4. Are you the corresponding author?  ☑ No

Corresponding Author's Name
Dr. Patrick Massey

5. Manuscript Title
Improved Radiation Exposure Monitoring of Orthopaedic Residents After Institution of a Personalized Lead Protocol

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  ☑ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Barton has nothing to disclose.

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Section 1. Identifying Information
1. Given Name (First Name) Ryan
2. Surname (Last Name) Guedry
3. Date 05-October-2021

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

Corresponding Author’s Name
Dr. Patrick Massey

5. Manuscript Title
Improved Radiation Exposure Monitoring of Orthopaedic Residents After Institution of a Personalized Lead Protocol

6. Manuscript Identifying Number (if you know it)

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Guedry
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Lowery
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Lowery

3. Date  
   05-October-2021

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Dr. Patrick Massey

5. Manuscript Title  
   Improved Radiation Exposure Monitoring of Orthopaedic Residents After Institution of a Personalized Lead Protocol

6. Manuscript Identifying Number (if you know it)

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Dr. Lowery has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Patrick  

2. Surname (Last Name)  
   Massey  

3. Date  
   05-October-2021  

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

5. Manuscript Title  
   Improved Radiation Exposure Monitoring of Orthopaedic Residents After Institution of a Personalized Lead Protocol  

6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Massey has nothing to disclose.

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Section 1. Identifying Information

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   Mitchell                        Myers                          05-October-2021

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

Corresponding Author's Name
Dr. Patrick Massey

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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

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Perry
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Section 1. Identifying Information

1. Given Name (First Name)  Kevin
2. Surname (Last Name)  Perry
3. Date  05-October-2021
4. Are you the corresponding author?  ☑ No
   Corresponding Author's Name  Dr. Patrick Massey
5. Manuscript Title  Improved Radiation Exposure Monitoring of Orthopaedic Residents After Institution of a Personalized Lead Protocol
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.)?

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Dr. Perry has nothing to disclose.

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