

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jessica	2. Surname (Last Name) Healey	3. Date 24-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Khaled J Saleh
5. Manuscript Title Improving Operating Room Efficiency-Part B: Intra-Operative and Post-Operative Strategies		
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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Dr. Healey has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Khaled

2. Surname (Last Name)
Saleh

3. Date
24-November-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Improving Operating Room Efficiency-Part B: Intra-Operative and Post-Operative Strategies

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
OREF, Smith & Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research funds
Aesculap, MMC Co-Management Orthopaedic Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Watermark Risk Management Board, BCBSA (Blue Distinction Panel Hip/Knee/ Spine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board
Elsevier Science, Aesculap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
AOA – Finance Committee OREF: Industry Relations Committee /Clinical Research Awards Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee Roles

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Dr. Saleh reports grants from OREF, Smith & Nephew , personal fees from Aesculap, MMC Co-Management Orthopaedic Board, other from Watermark Risk Management Board, BCBSA (Blue Distinction Panel Hip/Knee/ Spine), other from Elsevier Science, Aesculap, other from AOA – Finance Committee
OREF: Industry Relations Committee /Clinical Research Awards Committee, outside the submitted work; .

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1. Given Name (First Name)
Mouhanad

2. Surname (Last Name)
El-Othmani

3. Date
24-November-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Khaled J Saleh

5. Manuscript Title
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Dr. El-Othmani has nothing to disclose.

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1. Given Name (First Name) Todd	2. Surname (Last Name) Peterson	3. Date 24-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Khaled J Saleh
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Travis

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Healey

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