

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Graysen	2. Surname (Last Name) Petersen-Fitts	3. Date 07-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vani Sabesan
5. Manuscript Title Strategies to Contain Cost Associated with Orthopaedic Care		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Petersen-Fitts 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) Jordan	2. Surname (Last Name) Brand	3. Date 07-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vani Sabesan
5. Manuscript Title Strategies to Contain Cost Associated with Orthopaedic Care		
6. Manuscript Identifying Number (if you know it)		

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Dr. Brand has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Whaley	3. Date 07-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vani Sabesan
5. Manuscript Title Strategies to Contain Cost Associated with Orthopaedic Care		
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Dr. Whaley has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kyle	2. Surname (Last Name) Ramthun	3. Date 07-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vani Sabesan
5. Manuscript Title Strategies to Contain Cost Associated with Orthopaedic Care		
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Section 1. Identifying Information

1. Given Name (First Name)

Sasha

2. Surname (Last Name)

Stine

3. Date

07-March-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Vani Sabesan

5. Manuscript Title

Strategies to Contain Cost Associated with Orthopaedic Care

6. Manuscript Identifying Number (if you know it)

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Yes No

5. Manuscript Title

Strategies to Contain Cost Associated with Orthopaedic Care

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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. Sabesan reports personal fees from Arthrex, Inc, grants from Exactech, Inc, grants from Orthopaedic Research and Education Foundation, grants from Pacira Pharmaceuticals, outside the submitted work; .

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