

Instructions

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| Section 1. | Identifying Infor | mation | | | |
|------------------------------------------|--------------------|--------------------|----------------|--------------------------------------------|------------------------------|
| 1. Given Name (Fi William | rst Name) | 2. Surnar Daner | ne (Last Name) | | 3. Date 18-September-2017 |
| 4. Are you the cor | responding author? | Yes | ✓ No | Corresponding Author's Jon J. P. Warner | Name |
| 5. Manuscript Title When it all Fails | | | | | |

AOJ-17-73

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees | Non-Financial Support | Other? | Comments | |
|-----------------------------|--------------|------------------|--------------------------|--------|--------------------|--|
| Arthrex | \checkmark | | | | Fellowship Support | |
| Smith & Nephew | \checkmark | | | | Fellowship Support | |

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Are there any relevant conflicts of interest?

Yes 🖌 No

| Do you have any patents, wl | hether planned, pending or | issued, broadly relevant to the | work? | Yes | ✓ | No |
|-----------------------------|----------------------------|---------------------------------|-------|-----|---|----|
|-----------------------------|----------------------------|---------------------------------|-------|-----|---|----|



Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Daner reports grants from Arthrex, grants from Smith & Nephew, during the conduct of the study; .

Evaluation and Feedback



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| Section 1. Identifying Inform | nation | |
|-----------------------------------------------------------------|---------------------------------|-------------------------------------------|
| 1. Given Name (First Name) Michelle J. | 2. Surname (Last Name) Chang | 3. Date 18-September-2017 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Jon Warner |
| 5. Manuscript Title "When it all fails—use the iliac crest". | | |

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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.)?

🖌 No

| Are there any relevant conflicts of interest? | | Yes |
|-----------------------------------------------|--|-----|
|-----------------------------------------------|--|-----|

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| Are there any relevant conflicts of interest? | | Yes | \checkmark | No |
|-----------------------------------------------|--|-----|--------------|----|
|-----------------------------------------------|--|-----|--------------|----|

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 🗸 N | lo |
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Dr. Chang has nothing to disclose.

Evaluation and Feedback



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| Section 1. Identifying Inform | nation | |
|-----------------------------------------------------------------|-------------------------------|-------------------------------------------|
| 1. Given Name (First Name) Henry | 2. Surname (Last Name) Fox | 3. Date 18-September-2017 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Jon Warner |
| 5. Manuscript Title "When it all fails—use the iliac crest". | | |

AOJ-17-73

Section 2. The Work Under Consideration for Publication

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🖌 No

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| Section 1. Identifying Inform | nation | |
|-----------------------------------------------------------------|-----------------------------------|-------------------------------------------------|
| 1. Given Name (First Name) Laurence | 2. Surname (Last Name) Higgins | 3. Date 18-September-20 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Jon J. P. Warner |
| i. Manuscript Title When it all fails - use the iliac crest" | | |

AOJ-17-73

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|-----------------------------|--------------|------------------|-----------------------------------------|--------|--------------------|--|
| DePuy, Johnson & Johnson | | \checkmark | | | Consultant | |
| Stryker | | \checkmark | | | Consultant | |
| Arthrex | \checkmark | | | | Fellowship Support | |
| Smith & Nephew | \checkmark | | | | Fellowship Support | |

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No

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| Name of Entity | Grant? | Personal Fees ? | Non-Financial Support | Other? | Comments | |
|----------------|--------|---------------------------|--------------------------|--------|----------------------------------|--|
| Wright Medical | | \checkmark | | | Consultant & Royalty on implants | |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes

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Evaluation and Feedback

Please visit <u>http://www.icmje.org/cgi-bin/feedback</u> to provide feedback on your experience with completing this form.

I√ No