

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

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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
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Section 5. Relationships not covered above

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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".		

Proof of Manuscript 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.)?

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

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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

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Are there any relevant conflicts of interest?	Yes	
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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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Stryker		\checkmark			Consultant	
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Smith & Nephew	\checkmark				Fellowship Support	

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

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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