# **AOANJRR AD HOC REQUEST**

# **Study Disclosure Form**

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| **Date** | Click or tap here to enter text. |
| **Your Name** | Click or tap here to enter text. |
| **Study title** | Click or tap here to enter text. |
| **Ad Hoc Request Number (if known)** | Click or tap here to enter text. |

As outlined in the **AOA Member Use of AOANJRR Policy** you are required to disclose all commercial and other relationships/activities/interests listed below that are related to the content of your study.

“Related” means any relationship with for-profit or not-for-profit third parties whose interests may be affected by the content of the Ad Hoc Request.

Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The requestor’s relationships/activities/interests should be defined broadly. For example, if your study pertains to an orthopaedic medical device or prothesis, you should declare all relationships with manufacturers of orthopaedic medical devices or protheses, even if those devices and prostheses are not mentioned in the study.

Each co-requestor must complete a separate form.

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| 1. **In relation to the current ad hoc request, please declare if you or your institution/hospital received:** | | | |
| * 1. Any support for the present study preparation (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)   (*Note: There is no time restriction for this item*) | | None  Yes | If yes, please describe:  Click or tap here to enter text. |
| 1. **Additionally, in relation to other associations with medical device companies, in the last 3 years:** | | | |
| * 1. Have you or your institution/ hospital accepted: | |  | |
| 2.1.1 | Contracts, royalties, stock or stock options, licences, honoraria, consultancy fees or membership of advisory board or committee. | None  Yes | If yes, please describe:  Click or tap here to enter text. |
| 2.1.2 | Equipment, gifts, services or non-financial aid of any type. | None  Yes | If yes, please describe:  Click or tap here to enter text. |
| * 1. Do you own or have any pending patents relating to orthopaedic treatments of any kind? | | None  Yes | If yes, please describe:  Click or tap here to enter text. |