

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jaysson

2. Surname (Last Name)  
Brooks

3. Date  
16-November-2015

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name  
Robert Sterling

5. Manuscript Title  
Post-Interview Communication During Application to Orthopaedic Surgery Residency Programs

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Brooks 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)  
Amit

2. Surname (Last Name)  
Jain

3. Date  
09-October-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title  
Post Interview Communication During Application to Orthopaedic Surgery Residency Programs

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Jain 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) Dawn	2. Surname (Last Name) LaPorte	3. Date 16-November-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert Sterling
5. Manuscript Title Post-Interview Communication During Application to Orthopaedic Surgery Residency Programs		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. LaPorte 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) Jay	2. Surname (Last Name) Reidler	3. Date 22-November-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert S. Sterling
5. Manuscript Title Post-Interview Communication During Application to Orthopaedic Surgery Residency Programs		
6. Manuscript Identifying Number (if you know it) 		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Reidler has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Sterling

3. Date  
16-November-2015

4. Are you the corresponding author? ☒ Yes ☐ No

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6. Manuscript Identifying Number (if you know it)

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Dr. Sterling has nothing to disclose.

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