

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)
John

2. Surname (Last Name)
Schrock

3. Date
29-February-2016

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

5. Manuscript Title
A Comparison of Matched and Unmatched Orthopaedic Surgery Residency Applicants from 2006 to 2014: Data from the National Resident Matching Program

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. Schrock has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Dayton

3. Date

29-February-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

John Schrock

5. Manuscript Title

A Comparison of Matched and Unmatched Orthopaedic Surgery Residency Applicants from 2006 to 2014: Data from the National Resident Matching Program

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1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Kraeutler

3. Date
29-February-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
John Schrock

5. Manuscript Title

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Eric

2. Surname (Last Name)

McCarty

3. Date

29-February-2016

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☐ Yes

☒ No

Corresponding Author's Name

John Schrock

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