

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Neal	2. Surname (Last Name) ElAttrache	3. Date 03-February-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Bob Yin
5. Manuscript Title Impact of fellowship training on clinical practice of orthopedic sports medicine		
6. Manuscript Identifying Number (if you know it) 		

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Dr. ElAttrache has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jaipal	2. Surname (Last Name) Gandhi	3. Date 03-February-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Bob Yin
5. Manuscript Title Impact of fellowship training on clinical practice of orthopedic sports medicine		
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Dr. Gandhi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Orr

2. Surname (Last Name)
Limpisvasti

3. Date
03-February-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Bob Yin

5. Manuscript Title
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No

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