

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)

Jessica

2. Surname (Last Name)

Bryant

3. Date

03-January-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Potential Sex Bias Exists In Orthopaedic Basic Science And Translational Research

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Bryant 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)
Daniel

2. Surname (Last Name)
Lee

3. Date
15-May-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jessica Bryant

5. Manuscript Title
Potential Sex Bias Exists In Orthopaedic Basic Science And Translational Research

6. Manuscript Identifying Number (if you know it)

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Dr. Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Liane	2. Surname (Last Name) Miller	3. Date 15-May-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jessica Bryant
5. Manuscript Title Potential Sex Bias Exists In Orthopaedic Basic Science And Translational Research		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

Kacy

2. Surname (Last Name)

Peek

3. Date

15-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jessica Bryant

5. Manuscript Title

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Paul

2. Surname (Last Name)
Yi

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15-May-2017

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Corresponding Author's Name
Jessica Bryant

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