

Instructions

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Section 1. Identifying Infor	mation	
 Given Name (First Name) Lisa Are you the corresponding author? 	2. Surname (Last Name) Cannada ✓ Yes No	3. Date 19-February-2014
 Manuscript Title The Fellowship Match Process: The Hi Manuscript Identifying Number (if you 	story and Report of the Current Experience	

JBJS-D-13-01251R2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

✓ No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
American Academy of Orthopaedic Surgeons Match Oversight Committtee				\checkmark	I am the Chairman of this Committee	

Section 4.

Intellectual Property -- Patents & Copyrights

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



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Section 6. Disclosure Statement

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Dr. Cannada reports other from American Academy of Orthopaedic Surgeons Match Oversight Committtee, outside the submitted work; .

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1. Given Name (First Name)	2. Surname (Last Name)	
obert	Quinn	18-February-201
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name
		Lisa Cannada
5. Manuscript Title The Fellowship Match Process: The Hi	story and Panart of the C	urrant Evperience
The Fellowship Match Process. The Hi	story and Report of the C	
6. Manuscript Identifying Number (if you	know it)	
JBJS-D-13-01251R2		

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Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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Section 4. Intellectual Property -- Patents & Copyrights

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



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Dr. Quinn has nothing to disclose.

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1. Given Name (First Name) Scott	2. Surname (Last Name) Luhmann	3. Date 30-December-2013
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Lisa Cannada
5. Manuscript Title The Fellowship Match Process: A Repo	ort of the Current Experier	nce
6. Manuscript Identifying Number (if you	know it)	
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1. Given Name (Fi Serena	rst Name)	2. Surname (Last Na Hu	ame) 3. Date 10-January-2014	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Lisa K. Cannada	
5. Manuscript Title	2			
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