

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mary

2. Surname (Last Name)

Mulcahey

3. Date

10-September-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Andrew Sobel, MD

5. Manuscript Title

Analysis of Factors Related to the Gender Diversity of Orthopaedic Residency Programs in the United States

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

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. Mulcahey 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)
Andrew

2. Surname (Last Name)
Sobel

3. Date
21-September-2017

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

5. Manuscript Title
Analysis of Factors Related to the Gender Diversity of Orthopaedic Residency Programs in the United States

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Sobel 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) Ryan | 2. Surname (Last Name) Cox | 3. Date 11-September-2017 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Andrew D. Sobel, M.D. |
| 5. Manuscript Title Analysis of Factors Related to the Gender Diversity of Orthopaedic Residency Programs in the United States | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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.)?

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Cox has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---|-----------------------------------|---|
| 1. Given Name (First Name) Craig | 2. Surname (Last Name) Eberson | 3. Date 04-September-2017 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Andrew Sobel |
| 5. Manuscript Title Analysis of Factors Related to the Gender Diversity of Orthopaedic Residency Programs in the United States | | |
| 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. eberson has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---|------------------------------------|---|
| 1. Given Name (First Name) Beth | 2. Surname (Last Name) Ashinsky | 3. Date 16-September-2017 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Andrew Sobel |
| 5. Manuscript Title Analysis of Factors Related to the Gender Diversity of Orthopaedic Residency Programs in the United States | | |
| 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. Ashinsky has nothing to disclose.

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