

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anthony	2. Surname (Last Name) Romeo	3. Date 24-May-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rachel Frank
5. Manuscript Title Injuries to the Female Athlete in 2017 Part II: Upper and Lower Extremity Injuries		
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. Romeo has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Bernard

2. Surname (Last Name)
Bach

3. Date
25-January-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Rachel Frank

5. Manuscript Title
Injuries to the Female Athlete in 2017
Part II: Upper and Lower Extremity Injuries

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

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1. Given Name (First Name)
Charles

2. Surname (Last Name)
Bush-Joseph

3. Date
24-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Rachel Frank

5. Manuscript Title
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Rachel

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Frank

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