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.
2. The Work under Consideration for Publication.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.
6. Definitions.

Instructions:

1. Identify the work under consideration for publication.
2. Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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)**
   - Neal

2. **Surname (Last Name)**
   - ElAttrache

3. **Date**
   - 03-February-2014

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Impact of fellowship training on clinical practice of orthopedic sports medicine

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

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- No

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Dr. ElAttrache has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. **Given Name (First Name)**  
   Jaipal

2. **Surname (Last Name)**  
   Gandhi

3. **Date**  
   03-February-2014

4. **Are you the corresponding author?**  
   - Yes
   - 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)**

## Section 2. The Work Under Consideration for Publication

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Dr. Gandhi has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Limpisvasti</td>
</tr>
<tr>
<td>3. Date</td>
<td>03-February-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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Dr. Limpisvasti has nothing to disclose.

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Mohr
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Karen

2. Surname (Last Name)  
   Mohr

3. Date  
   03-February-2014

4. Are you the corresponding author?  
   [ ] Yes  
   [ ] No

   Corresponding Author’s Name  
   Bob Yin

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Yin
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<td>Yin</td>
<td>03-February-2014</td>
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4. Are you the corresponding author?  
   - Yes  
   - No

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