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.

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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
   Lisa

2. Surname (Last Name)  
   Cannada

3. Date  
   19-February-2014

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   The Fellowship Match Process: The History and Report of the Current Experience

6. Manuscript Identifying Number (if you know it)  
   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.)?  
Are there any relevant conflicts of interest?  
   ✔ Yes   No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   ✔ Yes   No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Orthopaedic Surgeons Match Oversight Committee</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>I am the Chairman of this Committee</td>
</tr>
</tbody>
</table>

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 Committee, outside the submitted work.

Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent
**Section 1. Identifying Information**

1. Given Name (First Name)  
   Robert  
2. Surname (Last Name)  
   Quinn  
3. Date  
   18-February-2014

4. Are you the corresponding author?  
   | Yes | No |

   Corresponding Author’s Name  
   Lisa Cannada

5. Manuscript Title  
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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Quinn has nothing to disclose.

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**Section 1. Identifying Information**

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  
6. Manuscript Identifying Number (if you know it)  

**Section 2. The Work Under Consideration for Publication**

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Dr. Luhmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Serena
2. Surname (Last Name)  Hu
3. Date  10-January-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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