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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Talia

2. Surname (Last Name)  
Chapman

3. Date  
04-April-2017

4. Are you the corresponding author?  
Yes  ✔  No

Corresponding Author’s Name  
Antonia F. Chen

5. Manuscript Title  
Profiles of Practicing Female Orthopedists Caring for Medicare Patients 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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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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Dr. Chapman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Antonia F.
2. Surname (Last Name)  
   Chen
3. Date  
   08-February-2017
4. Are you the corresponding author?  
   ✔ Yes  
   □ No
5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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   ✔ No

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   □ No
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- Yes
- No  

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Section 1. Identifying Information

1. Given Name (First Name)  
   James J

2. Surname (Last Name)  
   Purtill

3. Date  
   04-April-2017

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Profiles of Practicing Female Orthopedists Caring for Medicare Patients in the United States

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Dr. Purtill reports other from Clinical Orthopaedics and Related Research, other from Journal of Arthroplasty, other from Knee, other from Omega Medical Grants, outside the submitted work.

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1. Given Name (First Name)  
   Benjamin

2. Surname (Last Name)  
   Zmistowski

3. Date  
   04-April-2017

4. Are you the corresponding author?  
   ✔ No

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