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

5. Relationships not covered above.

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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**

### Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Caitlin</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Chambers</td>
</tr>
<tr>
<td>3. Date</td>
<td>12-November-2017</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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<th>5. Manuscript Title</th>
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<tr>
<td>Women in Orthopaedic Surgery: Population Trends in Trainees and Practicing Surgeons</td>
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<th>6. Manuscript Identifying Number (if you know it)</th>
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<tr>
<td>JBJS-D-17-01291R1</td>
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### Relevant financial activities outside the submitted work.

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### Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chambers has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)    2. Surname (Last Name)    3. Date
Stephanie                      Ihnow                         12-November-2017

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

Corresponding Author’s Name
Caitlin Chambers

5. Manuscript Title
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<tbody>
<tr>
<td>Emily</td>
<td>Monroe</td>
<td>12-November-2017</td>
</tr>
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4. Are you the corresponding author?  
   - Yes  
   - No  
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Corresponding Author’s Name  
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1. Given Name (First Name)  
   Linda

2. Surname (Last Name)  
   Suleiman

3. Date  
   12-November-2017

4. Are you the corresponding author?  
   No

Corresponding Author's Name  
Caitlin Chambers

5. Manuscript Title  
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