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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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent

Okike
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Kanu  
2. Surname (Last Name)  
   Okike  
3. Date  
   01-March-2018  
4. Are you the corresponding author?  
   ✔ Yes  
   □ No  
5. Manuscript Title  
   Orthopaedic faculty and residency gender diversity: Does it influence female medical student interest in orthopaedics?  
6. Manuscript Identifying Number (if you know it)  

### 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  
If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

<table>
<thead>
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<th></th>
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</tbody>
</table>

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.  
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   ✔ Yes  
   □ No  
If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>Pacira Pharmaceuticals</td>
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</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ☑ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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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. Okike reports grants from American Academy of Orthopaedic Surgeons, during the conduct of the study; non-financial support from Pacira Pharmaceuticals, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mary

2. Surname (Last Name)  
   O'Connor

3. Date  
   28-February-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Kanu Okike

5. Manuscript Title  
   ORTHOPAEDIC FACULTY AND RESIDENT GENDER DIVERSITY: DOES IT INFLUENCE FEMALE MEDICAL STUDENT INTEREST IN ORTHOPAEDICS?

6. Manuscript Identifying Number (if you know it)

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   No

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<tr>
<td>ZimmerBiomet, Inc.</td>
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<td>✔</td>
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<td></td>
<td>For Healthcare Disparity Consulting</td>
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   No
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Dr. O’Connor reports personal fees from ZimmerBiomet, Inc., outside the submitted work.
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Donna

2. Surname (Last Name)  
   Phillips

3. Date  
   22-May-2018

4. Are you the corresponding author?  
   Yes  ❑  No

   Corresponding Author’s Name  
   Kanu Okike

5. Manuscript Title  
   Orthopaedic faculty and resident gender diversity are associated with the orthopaedic residency application rate among female medical students

6. Manuscript Identifying Number (if you know it)

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

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Dr. Phillips has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eric
2. Surname (Last Name) Swart
3. Date 22-February-2018
4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name Kanu Okike

5. Manuscript Title
ORTHOPAEDIC FACULTY AND RESIDENT GENDER DIVERSITY: DOES IT INFLUENCE FEMALE MEDICAL STUDENT INTEREST IN ORTHOPAEDICS?
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Swart
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Dr. Swart has nothing to disclose.

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