ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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2. **The work under consideration for publication.**
   
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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alexandra  

2. Surname (Last Name)  
   Levin  

3. Date  
   07-March-2019  

4. Are you the corresponding author?  
   ☑ No  

   Corresponding Author’s Name  
   Jessica Hooper, MD  

5. Manuscript Title  
   What’s Important: Women Trailblazers in Orthopaedics  

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00255  

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

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Section 6. Disclosure Statement

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Alexandra Levin has nothing to disclose.

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)  
   Jessica  
2. Surname (Last Name)  
   Hooper  
3. Date  
   07-March-2019  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title  
   What's Important: Women Trailblazers in Orthopaedics  
6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00255

## 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Hooper has nothing to disclose.

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**Section 1. Identifying Information**

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

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

3. **Date**
   07-March-2019

4. **Are you the corresponding author?**
   - [ ] Yes
   - [X] No
   **Corresponding Author’s Name**
   Jessica Hooper, MD

5. **Manuscript Title**
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Dr. Lajam has nothing to disclose.

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1. Given Name (First Name)  
Lauren  

2. Surname (Last Name)  
Santiesteban  

3. Date  
07-March-2019  

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

 Corresponding Author’s Name  
Jessica Hooper, MD  

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Santiesteban
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Dr. Santiesteban has nothing to disclose.

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