ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  Anthony
2. Surname (Last Name) Romeo
3. Date 25-January-2017
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title Injuries to the Female Athlete in 2017 Part I: General Considerations, Concussions, Stress Fractures, and the Female Athlete Triad
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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Dr. Romeo has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  Bernard  
2. Surname (Last Name)  Bach  
3. Date  25-January-2017  
4. Are you the corresponding author?  ✔ No  
   Corresponding Author’s Name  Rachel Frank  
5. Manuscript Title  Injuries to the Female Athlete in 2017 Part I: General Considerations, Concussions, Stress Fractures, and the Female Athlete Triad  
6. Manuscript Identifying Number (if you know it)  

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

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Dr. Bach has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Charles

2. Surname (Last Name)  
   Bush-Joseph

3. Date  
   25-January-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Injuries to the Female Athlete in 2017  
   Part I: General Considerations, Concussions, Stress Fractures, and the Female Athlete Triad

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1. Given Name (First Name)  
   Rachel

2. Surname (Last Name)  
   Frank

3. Date  
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4. Are you the corresponding author?  
   ✔ Yes  
   ❐ No

5. Manuscript Title  
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