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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Isabella
2. Surname (Last Name) Ferre
3. Date 15-February-2019
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Claudette Lajam
5. Manuscript Title Understanding the Observed Gender Discrepancy in Osteoarthritis Prevalence
6. Manuscript Identifying Number (if you know it)

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Ms. Ferre has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Mackenzie

2. Surname (Last Name)  
Roof

3. Date  
15-February-2019

4. Are you the corresponding author?  
☑️ No

Corresponding Author’s Name  
Claudette Lajam

5. Manuscript Title  
Understanding the Observed Gender Discrepancy in Osteoarthritis Prevalence

6. Manuscript Identifying Number (if you know it)

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Mackenzie Roof has nothing to disclose.

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Afshin</td>
<td>Anoushiravani</td>
<td>15-February-2019</td>
</tr>
</tbody>
</table>

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

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Dr. Anoushiravani has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Amy

2. Surname (Last Name)  
   Wasterlain

3. Date  
   15-February-2019

4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author’s Name  
   Claudette Lajam

5. Manuscript Title  
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Dr. Wasterlain 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  
   15-February-2019

4. Are you the corresponding author?  
   Yes  ☑  No

Corresponding Author’s Name  
Claudette Lajam

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Dr. Lajam has nothing to disclose.

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