

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Caitlin

2. Surname (Last Name)

Chambers

3. Date

12-November-2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Women in Orthopaedic Surgery: Population Trends in Trainees and Practicing Surgeons

6. Manuscript Identifying Number (if you know it)

JBJS-D-17-01291R1

### 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

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Dr. Chambers 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) Stephanie	2. Surname (Last Name) Ihnow	3. Date 12-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Caitlin Chambers
5. Manuscript Title Women in Orthopaedic Surgery: Population Trends in Trainees and Practicing Surgeons		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01291R1		

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

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Dr. Ihnow has nothing to disclose.

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1. Given Name (First Name) Emily	2. Surname (Last Name) Monroe	3. Date 12-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Caitlin Chambers
5. Manuscript Title Women in Orthopaedic Surgery: Population Trends in Trainees and Practicing Surgeons		
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