

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.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nadeen 2. Surname (Last Name) Chahine 3. Date 30-June-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Selina Poon

5. Manuscript Title
Minor Differences in Orthopaedic Residency Academic Qualifications Do Not Justify the Gender Gap in Training Programs

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.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| National Science Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| National Institute of Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chahine reports grants from National Science Foundation, during the conduct of the study; grants from National Institute of Health, 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)
Meredith

2. Surname (Last Name)
Akerman

3. Date
30-June-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Selina Poon, MD MPH and Nadeen O. Chahine, PhD

5. Manuscript Title
Minor Differences in Orthopaedic Residency Academic Qualifications Do Not Justify the Gender Gap in Training Programs

6. Manuscript Identifying Number (if you know it)

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Meredith Akerman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rocio

2. Surname (Last Name)
Crabb

3. Date
16-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Selina Poon

5. Manuscript Title

Minor Differences in Orthopaedic Residency Academic Qualifications Do Not Justify the Gender Gap in Training Programs

6. Manuscript Identifying Number (if you know it)

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Rocio Crabb has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rachel

2. Surname (Last Name)
Gecelter

3. Date
27-December-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Selina Poon

5. Manuscript Title
Minor Differences in the Academic Metrics of Applicants Do Not Justify the Underrepresentation of Women in Orthopaedic Residency Programs

6. Manuscript Identifying Number (if you know it)

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Rachel Gecelter has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Daniel | 2. Surname (Last Name) Kiridly | 3. Date 12-October-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Selina Poon |
| 5. Manuscript Title Minor Differences in Orthopaedic Residency Academic Qualifications Do Not Justify the Gender Gap in Training Programs | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Dr. Kiridly has nothing to disclose.

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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

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Kate | 2. Surname (Last Name) Nellans | 3. Date 03-July-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Selina Poon |
| 5. Manuscript Title Minor Differences in Orthopaedic Residency Academic Qualifications Do Not Justify the Gender Gap in Training Programs | | |
| 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

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**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 5. Relationships not covered above

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Nellans has nothing to disclose.

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3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Selina

2. Surname (Last Name)
Poon

3. Date
30-June-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Minor Differences in Orthopaedic Residency Academic Qualifications Do Not Justify the Gender Gap in Training Programs

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| POSNA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nuvasive | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| SRS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

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Dr. Poon reports grants from POSNA, grants and personal fees from Nuvasive, grants from SRS, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Alyssa

2. Surname (Last Name)

Rothman

3. Date

16-October-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Selina Poon

5. Manuscript Title

Minor Differences in Orthopaedic Residency Academic Qualifications Do Not Justify the Gender Gap in Training Programs

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Alyssa Rothman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Stephen | 2. Surname (Last Name) Wendolowski | 3. Date 31-October-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Selina Poon |
| 5. Manuscript Title Minor Differences in the Academic Metrics of Applicants Do Not Justify the Underrepresentation of Women in Orthopaedic Residency Programs | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Stephen Wendolowski has nothing to disclose.

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