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.

1. Identifying information.
2. The work under consideration for publication.

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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)  Katherine
2. Surname (Last Name)  Gerull
3. Date  25-November-2020
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
Is There a Difference in Descriptions of Male and Female Applicants in LOR for Orthopaedic Residents
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

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Gerull 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)  
   Alan

2. Surname (Last Name)  
   Hilibrand

3. Date  
   22-December-2019

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Antonia Chen

5. Manuscript Title  
   How many applications should each student submit to obtain 12 Orthopaedic residency interviews?

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

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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

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.

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Section 6. Disclosure Statement

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Dr. Hilibrand reports a patent in exchange for IP with royalties paid, and a patent in exchange for IP with royalties paid.

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)  Joshua
2. Surname (Last Name)  Patt
3. Date  13-January-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Antonia Chen

5. Manuscript Title
How many applications should each student submit to obtain 12 Orthopaedic residency interviews?

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Patt 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)  
   Rothman

3. Date  
   29-January-2019

4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No

   Corresponding Author’s Name  
   Christopher Dy

5. Manuscript Title  
   Is there a difference in descriptions of male and female applicants in letters of recommendation for orthopedic residency? A pilot study.

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?  
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   ☐ No

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   ☑ Yes  
   ☐ No

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**Section 4. Intellectual Property -- Patents & Copyrights**

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   ☑ Yes  
   ☐ No
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Dr. Rothman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Adam
2. Surname (Last Name)  Taylor
3. Date 20-December-2019
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name
Dr. Mary K. Mulcahey
5. Manuscript Title
Perceptions of the Educational and Institutional Impact of the Orthopaedic Fellowship Interview Process
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Taylor 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)  
   Antonia F.

2. Surname (Last Name)  
   Chen

3. Date  
   02-January-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   How many applications should each student submit to obtain 12 Orthopaedic residency interviews?

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

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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### ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td></td>
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<td>Associate Deputy Editor</td>
</tr>
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</table>

### Section 4. Intellectual Property -- Patents & Copyrights

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

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Chen reports personal fees from SLACK publishing, other from Joint Purification Systems, personal fees from ACI, personal fees from Stryker, personal fees from bOne, other from Sonoran Biosciences, other from Graftworx, grants from OREF, personal fees from Pfizer, personal fees from Avanos, personal fees from Irrisept, personal fees from Convatec, personal fees from 3M, personal fees from Recro, personal fees from Zimmer, personal fees from Heraeus, personal fees from American Medical Foundation, personal fees from Zimmer, other from Hyalex, personal fees from DePuy, outside the submitted work;.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alvin

2. Surname (Last Name)  
   Crawford

3. Date  
   09-January-2020

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Dr. Ferhan Asghar

5. Manuscript Title  
   Desirable Qualities of Orthopaedic Surgery Residents Articulated by Resident Applicants

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.)?  

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Crawford has nothing to disclose.

Evaluation and Feedback

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Greenstein
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alexander

2. Surname (Last Name)  
   Greenstein

3. Date  
   28-March-2019

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   John T. Gorczyca, MD

5. Manuscript Title  
   Medical School Clerkship Grades in Orthopaedic Surgery Residency Applicants: Do they have relevance?

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.)?  
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Greenstein 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)  
   Alexa  

2. Surname (Last Name)  
   Powers  

3. Date  
   16-December-2019  

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

   Corresponding Author’s Name  
   Dr. Christopher Dy

5. Manuscript Title  
   Is there a difference in descriptions of male and female applicants in letters of recommendation for orthopedic residency? A pilot study.

6. Manuscript Identifying Number (if you know it)

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   ✔ Yes

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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)
   Amanda

2. Surname (Last Name)
   Schroeder

3. Date
   26-December-2019

4. Are you the corresponding author? 
   ☑ No

   Corresponding Author’s Name
   Ferhan Asghar

5. Manuscript Title
   Desirable Qualities of Orthopaedic Surgery Residents Articulated by Residency Applicants

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?  ☑ 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?  ☑ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Dr. Schroeder 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)  Andrew
2. Surname (Last Name)  Sobel
3. Date  19-December-2019
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  The Educational and Institutional Impact of the Orthopaedic Fellowship Interview Process
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Sobel 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)  
   Brian

2. Surname (Last Name)  
   Scannell

3. Date  
   17-December-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Antonia Chen

5. Manuscript Title  
   How many applications should each student submit to obtain 12 Orthopaedic residency interviews?

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.)?  
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Are there any relevant conflicts of interest?  
   ✔ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Bray

3. Date  
   20-January-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name  
Gregory Grabowski, MD

5. Manuscript Title  
The Haitian Orthopaedic Residency Exchange Program

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 ☑

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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 ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Christopher  
2. Surname (Last Name)  
Dy  
3. Date  
26-December-2019  
4. Are you the corresponding author?  
☑ Yes  
☐ No  

5. Manuscript Title  
Is there a difference in descriptions of male and female applicants in letters of recommendation for orthopedic residency? A pilot study.
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?  
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☑ No

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Dr. Dy 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) Christian
2. Surname (Last Name) Huebner
3. Date 26-December-2019
4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name
Dr. Mary Mulcahey

5. Manuscript Title
Using the United States Medical Licensing Examination Step 1 Score as a Screening Tool for Orthopaedic Surgery Away Rotations.

6. Manuscript Identifying Number (if you know it)

Section 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) Chelsea
2. Surname (Last Name) Nemeth
3. Date 26-December-2019
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author's Name Mary Mulcahey, MD
5. Manuscript Title
   The Perception of Pregnancy and Parenthood Among Female Orthopaedic Surgery Residents
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

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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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Dr. Nemeth 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)**  
   Patrick  
2. **Surname (Last Name)**  
   Jumelle  
3. **Date**  
   08-July-2020  
4. **Are you the corresponding author?**  
   ✔ No  
5. **Manuscript Title**  
   “The Haitian Orthopaedic Residency Exchange Program”  
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.)?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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I have nothing to disclosed

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) DAVID
2. Surname (Last Name) KOON
3. Date 17-December-2019
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title
The Haitian Orthopaedic Residency Exchange Program
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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. KOON has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   DAVID

2. Surname (Last Name)  
   KOON

3. Date  
   17-December-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Efficacy of the Standardized Letter of Recommendation in the Evaluation of the Orthopedic Resident Applicant

6. Manuscript Identifying Number (if you know it)

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Yes  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Identifying Information

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

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

3. **Date**  
   26-March-2019

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

5. **Manuscript Title**  
   Medical School Clerkship Grades in Orthopaedic Surgery Residency Applicants: Do they have relevance?

6. **Manuscript Identifying Number (if you know it)**  

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<table>
<thead>
<tr>
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<th>Eric</th>
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</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Secrist</td>
</tr>
<tr>
<td>3. Date</td>
<td>16-December-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ Yes ☐ No</td>
</tr>
</tbody>
</table>

5. Manuscript Title
How many applications should each student submit to obtain 12 Orthopaedic residency interviews?

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? ☑ No

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Dr. Secrist 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)  
   Ferhan

2. Surname (Last Name)  
   Asghar

3. Date  
   23-January-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Desirable Qualities of Orthopaedic Surgery Residents Articulated by Residency Applicants

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Gregory
2. Surname (Last Name)  
   Grabowski
3. Date  
   04-January-2020
4. Are you the corresponding author?  
   ✔ Yes  
   ❑ No
5. Manuscript Title  
   The Haitian Orthopaedic Residency Exchange Program
6. Manuscript Identifying Number (if you know it)

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<tbody>
<tr>
<td>AOSpine</td>
<td></td>
<td>✔</td>
<td></td>
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   [ ] Yes  [ ] No
   Corresponding Author’s Name 
   Matthew Pacana

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - J. Benjamin

2. **Surname (Last Name)**
   - Jackson III, MD

3. **Date**
   - 10-January-2020

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

   **Corresponding Author’s Name**
   - Matthew Pacana, MD

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<tbody>
<tr>
<td>Jaime</td>
<td>Denning</td>
<td>17-December-2019</td>
</tr>
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</table>

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

5. Manuscript Title
   Desirable Qualities of Orthopaedic Surgery Residents Articulated by Residency Applicants

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Are there any relevant conflicts of interest? **Yes** ✔ **No**

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? **Yes** ✔ **No**
Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Disclosure Statement

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Dr. Denning 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)  
   John

2. Surname (Last Name)  
   Gorczyca

3. Date  
   31-December-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Medical School Clerkship Grades in Orthopaedic Surgery Residency Applicants: Do they have relevance?

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
   james
2. Surname (Last Name)
   purtill
3. Date
   20-December-2019
4. Are you the corresponding author? 
   ✔ No
5. Manuscript Title
   How many applications should each student submit to obtain 12 Orthopaedic residency interviews?
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
Julie

2. Surname (Last Name)  
Samora

3. Date  
16-December-2019

4. Are you the corresponding author?  
Yes ☑ No

5. Manuscript Title  
Scholarships for Medical Students: Is the Bang Worth the Buck?

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 ☑

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Are there any relevant conflicts of interest?  
Yes ☑ No ☐

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Globus</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Consulting work by my husband Walter Samora</td>
</tr>
</tbody>
</table>

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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Dr. Samora reports other from Globus, outside the submitted work; and Currently in the presidential line of Ruth Jackson Orthopaedic Society.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| 1. Given Name (First Name) | Jeffrey   |
| 2. Surname (Last Name)     | Trojan    |
| 3. Date                    | 20-December-2019 |
| 4. Are you the corresponding author? | ☑ No |
| Corresponding Author’s Name | Mary Mulcahey, MD |

5. Manuscript Title
The Perception of Pregnancy and Parenthood Among Female Orthopaedic Surgery Residents

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Trojan 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)  Jordan
2. Surname (Last Name)  Vokes
3. Date  26-August-2019

4. Are you the corresponding author?  No

Corresponding Author's Name  John Gorczyca, MD

5. Manuscript Title  Medical School Clerkship Grades in Orthopaedic Surgery Residency Applicants: Do they have relevance?

6. Manuscript Identifying Number (if you know it)

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Dr. Vokes has nothing to disclose.

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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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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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) Kyle
2. Surname (Last Name) Mobley
3. Date 16-December-2019
4. Are you the corresponding author? ☑ No
5. Manuscript Title The Haitian Orthopaedic Residency Exchange Program
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? ☑ No

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mobley has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Kevin

2. **Surname (Last Name)**
   - Williams

3. **Date**
   - 20-December-2019

4. **Are you the corresponding author?**
   - Yes ☐  No ✔

5. **Manuscript Title**
   - The Haitian Orthopaedic Residency Exchange Program

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 ✔

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
- Yes ☐  No ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

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Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Williams has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Lisa</td>
<td>Cannada</td>
<td>17-December-2019</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Julie Samora

5. Manuscript Title
Scholarships for Medical Students: Is the Bang Worth the Buck?

6. Manuscript Identifying Number (if you know it)

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**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 [x] No

---

**Section 3. Relevant financial activities outside the submitted work.**

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---

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Board of Directors, Mid America Orthopaedic Society; AAOS Now Editorial Board, OTA Committee Member, past President RJOS

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Dr. Cannada reports and Board of Directors, Mid America Orthopaedic Society; AAOS Now Editorial Board, OTA Committee Member, past President RJOS.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name) Kraeutler
3. Date  30-December-2019
4. Are you the corresponding author? Yes  No
   Corresponding Author’s Name Mary K. Mulcahey
5. Manuscript Title USMLE Screening of Away Rotations

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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Section 6. Disclosure Statement

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Dr. Kraeutler 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)  
   Mitchell

2. Surname (Last Name)  
   Maltenfort

3. Date  
   16-December-2019

4. Are you the corresponding author?  
   Yes  ✔  No

5. Manuscript Title  
   "How many applications should each student submit to obtain 12 Orthopaedic residency interviews?"

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?  
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Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 1. Identifying Information

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   Mary

2. Surname (Last Name)  
   Mulcahey

3. Date  
   20-December-2019

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   USMLE Screening of Away Rotations

6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mulcahey reports other from Arthrex, outside the submitted work;

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mary

2. Surname (Last Name)  
   O’Connor

3. Date  
   30-December-2019

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

   Corresponding Author’s Name  
   Mary K. Mulcahey

5. Manuscript Title  
   Perception of Pregnancy Among Female Orthopaedic Residents

6. Manuscript Identifying Number (if you know it)

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Dr. O’Connor reports other from Accelalox, other from Zimmer, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew
2. Surname (Last Name) Pacana
3. Date 08-January-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title Efficacy of the Standardized Letter of Recommendation in the Evaluation of the Orthopedic Resident Applicant
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No
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Dr. Pacana 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)  
   Mary

2. Surname (Last Name)  
   Mulcahey

3. Date  
   20-December-2019

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

5. Manuscript Title  
   The Perception of Pregnancy and Parenthood Among Female Orthopaedic Surgery Residents

6. Manuscript Identifying Number (if you know it)

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**  
   19-December-2019

4. **Are you the corresponding author?**  
   ✔ Yes  
   ☐ No

5. **Manuscript Title**  
   The Educational and Institutional Impact of the Orthopaedic Fellowship Interview Process

6. **Manuscript Identifying Number (if you know it)**

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Robert  
2. Surname (Last Name)  
   Belding  
3. Date  
   17-December-2019  
4. Are you the corresponding author? ☑ No  
   Corresponding Author’s Name  
   Greg Grabowski

5. Manuscript Title
   The Haitian Orthopedic Residency Exchange Program

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? ☑ No

**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest? ☑ No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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

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Dr. Belding 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)  
   Rick

2. Surname (Last Name)  
   Wright

3. Date  
   13-January-2020

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

   Corresponding Author’s Name  
   Christopher Dy, MD

5. Manuscript Title  
   Is there a difference in descriptions of male and female applicants in letters of recommendation for orthopedic residency? A pilot study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

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Royalties - Responsive Arthroscopy

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Section 6. Disclosure Statement

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Dr. Wright reports and Royalties - Responsive Arthroscopy.

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)  Symone
2. Surname (Last Name)  Brown
3. Date  20-December-2019

4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Mary K. Mulcahey

5. Manuscript Title  USMLE Screening of Away Rotations

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.)?

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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

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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)  Sandra
2. Surname (Last Name)  Klein
3. Date  14-January-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Christopher Dy, MD
5. Manuscript Title
   Is there a difference in descriptions of male and female applicants in letters of recommendation for orthopedic residency? A pilot study
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

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Klein has nothing to disclose.

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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shane</td>
<td>Woolf</td>
<td>13-January-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name: Greg Grabowski, MD

5. Manuscript Title
The Haitian Orthopaedic Residency Exchange Program

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 [x] No

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Dr. Woolf 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)**
   - Tyler

2. **Surname (Last Name)**
   - Calton

3. **Date**
   - 31-December-2019

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

   **Corresponding Author’s Name**
   - Dr. Ferhan Asghar

5. **Manuscript Title**
   - Desirable Qualities of Orthopaedic Surgery Residents Articulated by Residency Applicants

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?  
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   - [x] No

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Tyler Calton 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)  
   William

2. Surname (Last Name)  
   Crutcher

3. Date  
   26-December-2019

4. Are you the corresponding author?  
   ✗ No

   Corresponding Author’s Name  
   Antonia Chen

5. Manuscript Title  
   How many applications should each student submit to obtain 12 Orthopaedic residency interviews?

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?  
   ✗ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✗ No
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Crutcher has nothing to disclose.

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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)  
   Joseph

2. Surname (Last Name)  
   Weistroffer

3. Date  
   13-January-2020

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

5. Manuscript Title  
   American Orthopaedic Association’s (AOA) Council of Orthopaedic Residency Directors (CORD) 2019 Summer Conference: Top Abstracts

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01396

Section 2. The Work Under Consideration for Publication

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Dr. Weistroffer has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<th>1. Given Name (First Name)</th>
<th>Zachary</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Thier</td>
</tr>
<tr>
<td>3. Date</td>
<td>17-December-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Matthew Pacana, MD</td>
</tr>
</tbody>
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<th>5. Manuscript Title</th>
<th>Efficacy of the Standardized Letter of Recommendation in the Evaluation of the Orthopedic Resident Applicant</th>
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