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)  
   Meghan

2. Surname (Last Name)  
   Bishop

3. Date  
   19-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Multidirectional Instability in Female Athletes

6. Manuscript Identifying Number (if you know it)  
   AOJ-2020-SRI-02(AOJ-20-33)

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

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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. Bishop 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)**
   - Heli

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

3. **Date**
   - 19-May-2020

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

   **Corresponding Author’s Name**
   - Meghan Bishop, MD

5. **Manuscript Title**
   - Multidirectional Instability in Female Athletes

6. **Manuscript Identifying Number (if you know it)**
   - AOJ-2020-SRI-02(AOJ-20-33)

## Section 2. The Work Under Consideration for Publication

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   - No [x]

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

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Section 1. Identifying Information

1. Given Name (First Name)  Brandon
2. Surname (Last Name)  Erickson
3. Date  19-May-2020
4. Are you the corresponding author?  Yes  ☑ No

Corresponding Author’s Name
Meghan Bishop, MD

5. Manuscript Title
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Christopher</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Dodson</td>
</tr>
<tr>
<td>3. Date</td>
<td>19-May-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Meghan Bishop, MD</td>
</tr>
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