

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

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Are there any relevant conflicts of interest? Yes No

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Dr. Bishop has nothing to disclose.

Evaluation and Feedback

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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 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)

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Dr. Patel has nothing to disclose.

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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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1. Given Name (First Name) Christopher	2. Surname (Last Name) Dodson	3. Date 19-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Meghan Bishop, MD
5. Manuscript Title Multidirectional Instability in Female Athletes		
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