

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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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) Maria	2. Surname (Last Name) Yialamas	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lisa Rotenstein
5. Manuscript Title Making the Voices of Female Trainees Heard		
6. Manuscript Identifying Number (if you know it) M18-1118		

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. Yialamas has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Rebecca

2. Surname (Last Name)
Berman

3. Date
12-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Making the Voices of Female Trainees Heard

6. Manuscript Identifying Number (if you know it)
M18-1118

Section 2. The Work Under Consideration for Publication

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Dr. Berman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Joel	2. Surname (Last Name) Katz	3. Date 27-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lisa Rotenstein
5. Manuscript Title Making the Voices of Female Trainees Heard		
6. Manuscript Identifying Number (if you know it) M18-1118		

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Section 1. Identifying Information

1. Given Name (First Name)

lisa

2. Surname (Last Name)

Rotenstein

3. Date

15-June-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Making the Voices of Female Trainees Heard

6. Manuscript Identifying Number (if you know it)

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