ICMJE Form for Disclosure of Potential Conflicts of Interest

Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author’s completed form must then be uploaded with the manuscript.

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 in four parts:

Section 1. Identifying information

Enter your full name and provide the manuscript title.

Section 2. The work under consideration for publication

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Section 1. Identifying Information

1. Given Name: Eric  2. Surname: Azua
3. Are you the corresponding author? Yes _x_ No ___
4. Effective Date: 9/15/22
5. Manuscript Title: Spanish Speaking Patients Have Limited Access Scheduling Outpatient Orthopedic Appointments Compared to English Speaking Patients Across the United States

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   _X_ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
   Comments†____

2. Consulting fee or honorarium
   _X_ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
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3. Employment
   ___ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending
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8. Patents (planned, pending or issued)
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9. Royalties
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10. Payment for development of educational presentations
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11. Stock/stock options
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12. Travel/accommodations/meeting expenses unrelated to activities listed**
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1. Given Name: Madeline  
2. Surname: Carrol
3. Are you the corresponding author? Yes ___ No x___
4. Effective Date 9/16/22
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   \(\_\_\_\text{X}\_\_\_\_\text{No}\_\_\_\text{Yes, money paid to you}\_\_\_\text{Yes, money paid to institution}\_
   \_\_\_\text{Name of entity}\_\_\_\text{Comments}\_\_\_\)
2. Consultancy
   \(\_\_\_\text{X}\_\_\_\_\text{No}\_\_\_\text{Yes, money paid to you}\_\_\_\text{Yes, money paid to institution}\_
   \_\_\_\text{Name of entity}\_\_\_\text{Comments}\_\_\_\)
3. Employment
   \(\_\_\_\text{X}\_\_\_\_\text{No}\_\_\_\text{Yes, money paid to you}\_\_\_\text{Yes, money paid to institution}\_
   \_\_\_\text{Name of entity}\_\_\_\text{Comments}\_\_\_\)
4. Expert testimony
   \(\_\_\_\text{X}\_\_\_\_\text{No}\_\_\_\text{Yes, money paid to you}\_\_\_\text{Yes, money paid to institution}\_
   \_\_\_\text{Name of entity}\_\_\_\text{Comments}\_\_\_\)
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   \(\_\_\_\text{X}\_\_\_\_\text{No}\_\_\_\text{Yes, money paid to you}\_\_\_\text{Yes, money paid to institution}\_
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    \_\_\_\text{Name of entity}\_\_\_\text{Comments}\_\_\_\)
12. Travel/accommodations/meeting expenses unrelated to activities listed**
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1. Given Name Abigail Martin
2. Surname Martin
3. Are you the corresponding author? Yes No X
4. Effective Date 9/15/2022
5. Manuscript Title: Spanish Speaking Patients Have Limited Access Scheduling Outpatient Orthopedic Appointments Compared to English Speaking Patients Across the United States

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**Section 4. Other relationships**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Stefanie  2. Surname: Eikermann
3. Are you the corresponding author? Yes ___ No, X___
4. Effective Date 9/16/22
5. Manuscript Title: Spanish Speaking Patients Have Limited Access Scheduling Outpatient Orthopedic Appointments Compared to English Speaking Patients Across the United States

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments†___

2. Consulting fee or honorarium
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments†___

3. Support for travel to meetings for the study or other purposes
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments†___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments†___

5. Payment for writing or reviewing the manuscript
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments†___

6. Provision of writing assistance, medicines, equipment, or administrative support
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments†___

7. Other
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments†___

* This means money that your institution received for your efforts on this study.
† Use this section to provide any needed explanation.
Section 3. Relevant financial activities outside the submitted work

1. Board membership
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

2. Consultancy
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

3. Employment
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

6. Payment for lectures including service on speakers bureaus
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7. Payment for manuscript preparation
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8. Patents (planned, pending or issued)
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

9. Royalties
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

10. Payment for development of educational presentations
    _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

11. Stock/stock options
    _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

12. Travel/accommodations/meeting expenses unrelated to activities listed**
    _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

13. Other (err on the side of full disclosure)
    _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author’s completed form must then be uploaded with the manuscript.

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 in four parts:

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Enter your full name and provide the manuscript title.

**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: Atzel  
2. Surname: Albino  
3. Are you the corresponding author? Yes ___ No x___  
4. Effective Date 9/16/22  
5. Manuscript Title: Spanish Speaking Patients Have Limited Access Scheduling Outpatient Orthopedic Appointments Compared to English Speaking Patients Across the United States

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party 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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   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments†___

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   - X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments ___

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name __ Susan ____________
   2. Surname ___ Lopez __________________

3. Are you the corresponding author? Yes ___ No ___

4. Effective Date ___ 05/01/2022 __________________

5. Manuscript Title _____ Spanish Speaking Patients Have Limited Access Scheduling Outpatient Orthopedic Appointments Compared to English Speaking Patients Across the United States _____

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)? No

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8. Patents (planned, pending or issued)
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Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author’s completed form must then be uploaded with the manuscript.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name: Jorge 2. Surname: Chahla
3. Are you the corresponding author? Yes ___ No, X___
4. Effective Date: 9/15/22
5. Manuscript Title: Spanish Speaking Patients Have Limited Access Scheduling Outpatient Orthopedic Appointments Compared to English Speaking Patients Across the United States

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

1. Board membership

   ___No __X__ Yes, money paid to you ___Yes, money paid to institution*
   Name of entity:
   - International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine
   - Arthroscopy Association of North America
   - American Orthopaedic Society for Sports Medicine
   Comments:

2. Consultancy

   ___No __X__ Yes, money paid to you ___Yes, money paid to institution*
   Name of entity:
   - Arthrex, Inc
   - CONMED Linvatec
   - Ossur
   - Smith & Nephew
   Comments:

3. Employment

   ___No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony

   _X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

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7. Payment for manuscript preparation

   _X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)

   _X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

9. Royalties

   _X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

10. Payment for development of educational presentations

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