

— **Instructions** —

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes." Then complete the provide the information requested.

Section 3. Relevant financial activities outside the submitted work

This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

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Section 4. Other relationships

Use this section to report 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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Eric 2. Surname: Azua
3. Are you the corresponding author? Yes 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

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

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

2. Consulting fee or honorarium

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

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5. Payment for writing or reviewing the manuscript

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

No Yes, money paid to you Yes, money paid to institution* Name of entity____
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7. Other

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Comments†____

* This means money that your institution received for your efforts on this study.

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1. Board membership

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

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No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

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 ___
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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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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8. Patents (planned, pending or issued)

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X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

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1. Given Name: Stefanie 2. Surname: Eikermann
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This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as entities or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations, or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Section 4. Other relationships

Use this section to report 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.

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 ___
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

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

2. Consulting fee or honorarium

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

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

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

5. Payment for writing or reviewing the manuscript

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

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

7. Other

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

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

8. Patents (planned, pending or issued)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

9. Royalties

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

10. Payment for development of educational presentations

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

11. Stock/stock options

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

13. Other (err on the side of full disclosure)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

— **Instructions** —

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes." Then complete the provide the information requested.

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No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

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7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

8. Patents (planned, pending or issued)

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9. Royalties

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13. Other (err on the side of full disclosure)

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Section 4. Other relationships

Use this section to report 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.

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
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

Section 2. The Work Under Consideration for Publication

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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

No 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 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

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

5. Grants/grants pending

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