

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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2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Geoffrey

2. Surname (Last Name)
Wilkin

3. Date
21-January-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
NEGATIVE PRESSURE WOUND THERAPY DEVICE USAGE FOR 7 DAYS AFTER FASCIOTOMY REDUCES THE EXTENT OF 21-DAY MUSCLE FIBER REGENERATION IN A PIG MODEL

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01010R2

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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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
KCI Ltd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant for material costs of experimental protocol
Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Studentship in Musculoskeletal Health

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Dr. Wilkin reports grants from KCI Ltd, grants from Canadian Institutes of Health Research, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Jean-Marc	2. Surname (Last Name) Renaud	3. Date 23-January-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Geoffrey Wilkin
5. Manuscript Title NEGATIVE PRESSURE WOUND THERAPY DEVICE USAGE FOR 7 DAYS AFTER FASCIOTOMY REDUCES THE EXTENT OF 21-DAY MUSCLE FIBER REGENERATION IN A PIG MODEL		
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Canadian Institutes of Health Research operating grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds supported the performance of the histological analysis

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Geoffrey Wilkin
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KCI Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding for material costs of experimental procedures

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1. Given Name (First Name)
Shiema

2. Surname (Last Name)
Khogali

3. Date
23-January-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Geoffrey Wilkin

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Dr. Khogali has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Wade	2. Surname (Last Name) Gofton	3. Date 23-January-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Geoffrey Wilkin
5. Manuscript Title NEGATIVE PRESSURE WOUND THERAPY DEVICE USAGE FOR 7 DAYS AFTER FASCIOTOMY REDUCES THE EXTENT OF 21-DAY MUSCLE FIBER REGENERATION IN A PIG MODEL		
6. Manuscript Identifying Number (if you know it) JBJS-D-13-01010R2		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
KCI Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding for material costs of experimental procedures

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Synthes Canada	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted institutional research grant
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One time consulting fee for product design and use

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Gofton reports grants from KCI Ltd., during the conduct of the study; grants from Synthes Canada, personal fees from Zimmer, outside the submitted work; .

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Simon

2. Surname (Last Name)
Blais

3. Date
23-January-2014

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☐ Yes

☒ No

Corresponding Author's Name
Geoffrey Wilkin

5. Manuscript Title
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Dr. Blais has nothing to disclose.

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