

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) Michelle	2. Surname (Last Name) Coleman	3. Date 11-November-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Charles Reitman
5. Manuscript Title It's Not Just Demographics: Injury Type and Emergency Department Management of Orthopaedic Patients Influences Follow-up Rates		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Coleman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Angela

2. Surname (Last Name)
Siler-Fisher

3. Date
05-November-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Charles Reitman

5. Manuscript Title
It's Not Just Demographics: Injury Type and Emergency Department Management of Orthopaedic Patients Influences Follow-up Rates

6. Manuscript Identifying Number (if you know it)

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Dr. Siler-Fisher has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Reitman

3. Date
10-November-2013

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

5. Manuscript Title
It's Not Just Demographics: Injury Type and Emergency Department Management of Orthopaedic Patients Influences Follow-up Rates

6. Manuscript Identifying Number (if you know it)

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Dr. Reitman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Laura

2. Surname (Last Name)
Medford-Davis

3. Date
05-November-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Charles Reitman

5. Manuscript Title
It's Not Just Demographics: Injury Type and Emergency Department Management of Orthopaedic Patients Influences Follow-up Rates

6. Manuscript Identifying Number (if you know it)

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Dr. Medford-Davis has nothing to disclose.

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Section 1. Identifying Information

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Omar

2. Surname (Last Name)

Atassi

3. Date

05-November-2013

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Charles Reitman

5. Manuscript Title

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