

## 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)  
Meaghan

2. Surname (Last Name)  
Lutts

3. Date  
16-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Wudbhav N. Sankar, MD

5. Manuscript Title

A Dedicated Orthopaedic Trauma Operating Room Improves Efficiency at a Pediatric Center

6. Manuscript Identifying Number (if you know it)

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Ms. Lutts 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)

Apurva

2. Surname (Last Name)

Shah

3. Date

16-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Wudbhav N. Sankar, MD

5. Manuscript Title

A Dedicated Orthopaedic Trauma Operating Room Improves Efficiency at a Pediatric Center

6. Manuscript Identifying Number (if you know it)

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Dr. Shah has nothing to disclose.

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1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
Brusalis

3. Date  
16-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Wudbhav N. Sankar, MD

5. Manuscript Title

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Dr. Brusalis has nothing to disclose.

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1. Given Name (First Name)

Wudbhav

2. Surname (Last Name)

Sankar

3. Date

16-May-2016

4. Are you the corresponding author?

☒ Yes ☐ No

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Xianqun

2. Surname (Last Name)

Luan

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16-May-2016

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☒ No

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Dr. Luan has nothing to disclose.

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