

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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4. Intellectual Property.

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

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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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)

Christopher

2. Surname (Last Name)

Born

3. Date

06-September-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Shaan Ahmed

5. Manuscript Title

Malpractice Litigation Following Traumatic Fracture

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. Born has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Syed	2. Surname (Last Name) Naqvi	3. Date 09-September-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shaan Ahmed
5. Manuscript Title Malpractice Litigation Following Traumatic Fracture		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Naqvi 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)
Shaan

2. Surname (Last Name)
Ahmed

3. Date
10-September-2018

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

5. Manuscript Title
Malpractice Litigation Following Traumatic Fracture

6. Manuscript Identifying Number (if you know it)

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Shaan Ahmed has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Adam	2. Surname (Last Name) Eltorai	3. Date 09-September-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shaan Ahmed
5. Manuscript Title Malpractice Litigation Following Traumatic Fracture		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Springer and Lippincott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Book royalties

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. Eltorai reports other from Springer and Lippincott, outside the submitted work; .

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1. Given Name (First Name) Davis	2. Surname (Last Name) Hartnett	3. Date 06-September-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shaan Ahmed
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Davis Hartnett has nothing to disclose.

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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)
Steven

2. Surname (Last Name)
DeFroda

3. Date
08-September-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Shaan Ahmed

5. Manuscript Title
Malpractice Litigation Following Traumatic Fracture

6. Manuscript Identifying Number (if you know it)

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

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. DeFroda has nothing to disclose.

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1. Identifying information.

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".

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This section asks about your financial relationships with entities in the bio-medical 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. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jack

2. Surname (Last Name)

Ruddell

3. Date

06-September-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Shaan A. Ahmed

5. Manuscript Title

Malpractice Litigation Following Traumatic Fracture

6. Manuscript Identifying Number (if you know it)

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Jack Ruddell has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alan	2. Surname (Last Name) Daniels	3. Date 07-September-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shaan Ahmed
5. Manuscript Title Malpractice Litigation Following Traumatic Fracture		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Orthofix	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spineart	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Springer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
EOS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Daniels reports grants and personal fees from Orthofix, personal fees from Spineart, personal fees from Stryker, other from Springer, personal fees from EOS, outside the submitted work; .

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