

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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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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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) Elizabeth	2. Surname (Last Name) Hand	3. Date 26-January-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Boris Zelle, MD
5. Manuscript Title Gram-Negative Antibiotic Coverage in Gustilo-Anderson Grade III Open Fractures		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-01358		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hand has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Hand	3. Date 25-January-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Boris Zelle
5. Manuscript Title Current Concepts Review: Gram Negative Antibiotic Coverage in Gustilo-Anderson Grade III Open Fractures		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-01358		

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

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1. Given Name (First Name) Amber	2. Surname (Last Name) Welborn	3. Date 26-January-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Boris Zelle, MD
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Section 1. Identifying Information

1. Given Name (First Name)
Boris

2. Surname (Last Name)
Zelle

3. Date
27-January-2020

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

5. Manuscript Title
Gram-Negative Antibiotic Coverage in Gustilo-Anderson Grade III Open Fractures

6. Manuscript Identifying Number (if you know it)
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COTA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith and Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KCI Acclivity Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KCI Acclivity Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depuy Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AO North America	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Defense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Zelle reports grants from Arthrex, grants from COTA, grants from Smith and Nephew, grants from KCI Acclity Inc., personal fees from KCI Acclity Inc., grants from Depuy Synthes, personal fees from Depuy Synthes, personal fees from AO North America, grants from Department of Defense, outside the submitted work; .

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