

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
David

2. Surname (Last Name)
Shearer

3. Date
14-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Patrick Albright

5. Manuscript Title
Open Tibial Shaft Fractures: Treatment patterns in Latin America

6. Manuscript Identifying Number (if you know it)
D-20-00292R1

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Dr. Shearer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Heather

2. Surname (Last Name)
Roberts

3. Date
14-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Patrick Albright

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)

Jose

2. Surname (Last Name)

Quintero

3. Date

14-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Patrick Albright

5. Manuscript Title

Open Tibial Shaft Fractures: Treatment patterns in Latin America

6. Manuscript Identifying Number (if you know it)

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Dr. Quintero has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Julio

2. Surname (Last Name)
Segovia

3. Date
14-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Patrick Albright

5. Manuscript Title
Open Tibial Shaft Fractures: Treatment patterns in Latin America

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Patrick

2. Surname (Last Name)
Albright

3. Date
14-April-2020

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5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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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)
Rafael

2. Surname (Last Name)
Amadei

3. Date
14-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Patrick Albright

5. Manuscript Title
Open tibial shaft fractures: Treatment patterns in Latin America

6. Manuscript Identifying Number (if you know it)
D-20-00292R1

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

Section 3. Relevant financial activities outside the submitted work.

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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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Amadei 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) Madeline	2. Surname (Last Name) MacKechnie	3. Date 14-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Patrick Albright
5. Manuscript Title Open Tibial Shaft Fractures: Treatment patterns in Latin America		
6. Manuscript Identifying Number (if you know it) D-20-00292R1		

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

Section 3. Relevant financial activities outside the submitted work.

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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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Madeline MacKechnie has nothing to disclose.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Fernando	2. Surname (Last Name) Baldy dos Reis	3. Date 14-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Patrick Albright
5. Manuscript Title Open Tibial Shaft Fractures: Treatment Patterns in Latin America		
6. Manuscript Identifying Number (if you know it) D-20-00292R1		

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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

Section 3. Relevant financial activities outside the submitted work.

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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. Baldy dos Reis 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) Theodore	2. Surname (Last Name) Miclau	3. Date 17-February-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Patrick Albright
5. Manuscript Title Open Tibial Shaft Fractures: Treatment patterns in Latin America		
6. Manuscript Identifying Number (if you know it) 		

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
Wyss Medical Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Miclau reports grants from Wyss Medical Foundation, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Luis

2. Surname (Last Name)

Padilla Rojas

3. Date

14-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Patrick Albright

5. Manuscript Title

Open Tibial Shaft Fractures: Treatment patterns in Latin America

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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☐ Yes

☒ No

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☒ No

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Dr. Padilla Rojas has nothing to disclose.

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