

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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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Karim	2. Surname (Last Name) Bakri	3. Date 11-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew Houdek
5. Manuscript Title Outcome of Sacropelvic Resection and Reconstruction Based on a Novel Classification System		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00135		

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Dr. Bakri has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

Dozois

3. Date

11-December-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Matthew Houdek

5. Manuscript Title

Outcome of Sacropelvic Resection and Reconstruction Based on a Novel Classification System

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Dr. Dozois has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Matthew

2. Surname (Last Name)

Houdek

3. Date

11-December-2019

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

Outcome of Sacropelvic Resection and Reconstruction Based on a Novel Classification System

6. Manuscript Identifying Number (if you know it)

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Yes



No

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Yes



No

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1. Given Name (First Name) Kellie	2. Surname (Last Name) Mathis	3. Date 11-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew Houdek
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Section 1. Identifying Information

1. Given Name (First Name)
Steven

2. Surname (Last Name)
Moran

3. Date
11-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Matthew Houdek

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Rose	3. Date 11-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew Houdek
5. Manuscript Title Outcome of Sacropelvic Resection and Reconstruction Based on a Novel Classification System		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00135		

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
K2M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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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. Rose reports personal fees from K2M, outside the submitted work; .

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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)
Franklin

2. Surname (Last Name)
Sim

3. Date
11-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Matthew Houdek

5. Manuscript Title
Outcome of Sacropelvic Resection and Reconstruction Based on a Novel Classification System

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00135

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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

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. Sim 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) Elizabeth	2. Surname (Last Name) Wellings	3. Date 11-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew Houdek
5. Manuscript Title Outcome of Sacropelvic Resection and Reconstruction Based on a Novel Classification System		
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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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Wellings 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) Michael	2. Surname (Last Name) Yaszemski	3. Date 11-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Matthew Houdek
5. Manuscript Title Outcome of Sacropelvic Resection and Reconstruction Based on a Novel Classification System		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
K2M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Yaszemski reports personal fees from K2M, personal fees from Medtronic, outside the submitted work; .

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