

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.

Identifying information.

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4. Intellectual Property.

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

Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether

earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent



Section 1. Identifying Information						
1. Given Name (First Name) Mohit	 Surname (Last Name) Bhandari Date 11-September-2020 					
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Name Carol Lin					
5. Manuscript Title Low Adherence to Recommended Guid	delines for (Open Fractı	ure Antibiotic Pro	phylaxis	;	
6. Manuscript Identifying Number (if you kr JBJS-D-20-01229R1	now it)					
Section 2. The Work Under C	onsiderat	tion for Pu	ublication			
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? Ves 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?	Fees?	Support?	Other	Comments	
McMaster Surgical Associates	\checkmark				PREP-IT Program Funding	
Department of Defense	\checkmark				PREP-IT Program Funding	
PCORI	✓				PREP-IT Program Funding	
Physician Services Incorporated	✓				PREP-IT Program Funding	
Section 3. Relevant financial Place a check in the appropriate boxes					cial relationships (regardless of amo	unt
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the port relatio	instruction nships that	s. Use one line fo	r each e	ntity; add as many lines as you need	
Are there any relevant conflicts of interest	est? 🗸 \	∕es	No			



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AgNovos Healthcare		√	Support		Consultant
Sanofi Aventis	✓	√			Consultant, Research Support
Smith & Nephews	√	✓			Consultant, Research Support
Stryker		✓			Consultant
DJ Orthopaedics	√				Research Support
Do you have any patents, whether plan			., .	nt to the	work? Yes 🗸 No
Section 5. Relationships not	covered	above			
Are there other relationships or activiti potentially influencing, what you wrote			•	influence	d, or that give the appearance of
Yes, the following relationships/co	nditions/cir	cumstance	es are present (exp	olain belo	ow):
✓ No other relationships/conditions/o	circumstan	ces that pr	esent a potential	conflict o	finterest
At the time of manuscript acceptance, On occasion, journals may ask authors					sary, update their disclosure statements elationships.
Section 6. Disclosure Statem	ent				
Based on the above disclosures, this fo below.	rm will aut	omatically	generate a disclo	sure state	ment, which will appear in the box
Dr. Bhandari reports grants from McMagrants from Physician Services Incorporates and personal fees from Sanofi Agrants from DJ Orthopaedics, outside	orated , du Aventis , gra	ring the co ants and pe	nduct of the studersonal fees from	y; person	al fees from AgNovos Healthcare,



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Jeray 1



Section 1.	ldentifying Inforn	nation					
1. Given Name (Fii Kyle	rst Name)	2. Surname (Last Name Jeray	3. Date 08-September-2020				
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name				
5. Manuscript Title		delines for Open Fractur	e Antibiotic Prophylaxis				
6. Manuscript Ider	ntifying Number (if you kı	now it)					
Section 2.	The Work Under C	onsideration for Pul	plication				
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	g but not limited to grants	om a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,				
Are there any rei	Are there any relevant conflicts of interest?						
Section 3.							
	Relevant financial	activities outside th	e submitted work.				
of compensation) with entities as descr	ibed in the instructions.	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .				
	evant conflicts of inter						
If yes, please fill o	out the appropriate info	ormation below.					
Name of Entity		Grant? Personal Fees?	Support? Comments				
Radius			Paid presenter or speaker				
Zimmer			Paid consultant				
Section 4.	Intellectual Prope	rty Patents & Copy	rights				
	•						
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							

Jeray 2



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	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest					
American Orthop International Jou Journal of Bone a Journal of Ortho Journal of the An	of Orthopaedic Surgery, Inc.: Board or committee member paedic Association: Board or committee member paedic Association: Board or committee member parnal of Orthopedic Trauma: Editorial or governing board paedic Surgeons: Editorial or governing board paedic Surgeons: Editorial or governing board page 1 page 2 page					

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Section 6.

Disclosure Statement

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Dr. Jeray reports personal fees from Radius, personal fees from Zimmer, outside the submitted work; and American Board of Orthopaedic Surgery, Inc.: Board or committee member

American Orthopaedic Association: Board or committee member

International Journal of Orthopedic Trauma: Editorial or governing board Journal of Bone and Joint Surgery - American: Editorial or governing board

Journal of Orthopaedic Trauma: Editorial or governing board

Journal of the American Academy of Orthopaedic Surgeons: Editorial or governing board

Southeastern Fracture Consortium: Board or committee member.

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

Fowler 1



Section 1.	Identifying Inform	ation		
Given Name (Fir Justin Thomas	st Name)	2. Surname (Last Name) Fowler		3. Date 15-September-2020
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Nan	ne
5. Manuscript Title Low Adherence t		lelines for Open Fracture A	antibiotic Prophylaxis	
6. Manuscript Iden JBJS-D-20-01229	ntifying Number (if you kr R1	now it)		
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Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the su statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, con ta monitoring board, study des	nmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	se one line for each entity; ac	ationships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	jhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes 🗸 No

Fowler 2



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Dr. Fowler has nothing to disclose.

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Gitajn 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Ida Leah	2. Surname (Last Name) Gitajn	3. Date 11-September-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Carol Lin
5. Manuscript Title Low Adherence to Recommended Guid	delines for Open Fracture <i>F</i>	Antibiotic Prophylaxis
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Name of Entity	Grant? Personal Fees? S	n-Financial Other? Comments
Stryker		Teaching
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Gitajn 2



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Dr. Gitajn reports personal fees from Stryker, outside the submitted work; .

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Hagen 1



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4. Are you the corres	ponding author?	Yes	√ No	Corresponding Author's Nam	ne
5. Manuscript Title Low Adherence to	Recommended Guid	elines for Ope	en Fracture A	ntibiotic Prophylaxis	
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Section 2.	he Work Under Co	onsideratio	n for Public	ation	
any aspect of the substatistical analysis, etc	mitted work (including	but not limited	d to grants, dat	a third party (government, com a monitoring board, study des	nmercial, private foundation, etc.) for ign, manuscript preparation,
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of compensation) w clicking the "Add +"	vith entities as descri	oed in the ins ort relationsh	structions. Use hips that were	e one line for each entity; ac	tionships (regardless of amount dd as many lines as you need by onths prior to publication.
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Do you have any pa	itents, whether planr	ned, pending	or issued, bro	padly relevant to the work?	☐ Yes 🗸 No

Hagen 2



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

Harris 1



Section 1. Identify	ving Information	
Given Name (First Name) Anthony	2. Surname (Last Name) Harris	3. Date 08-September-2020
4. Are you the corresponding	author? Yes V No	Corresponding Author's Name Carol Lin
5. Manuscript Title Low Adherence to Recomm	nended Guidelines for Open Fracture	e Antibiotic Prophylaxis
6. Manuscript Identifying Nur	mber (if you know it)	
Section 2. The Wo	rk Under Consideration for Pub	lication
	ork (including but not limited to grants, o	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Section 3. Relevan	t financial activities outside the	submitted work.
of compensation) with enti	ties as described in the instructions. Iou should report relationships that w	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .
Section 4. Intellect	tual Property Patents & Copyr	rights
Do you have any patents, v	vhether planned, pending or issued, l	broadly relevant to the work? Yes V No

Harris 2



Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Harris has nothing to disclose.

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

Johal 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Herman	2. Surname (Last Name) Johal	3. Date 11-September-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Carol Lin		
5. Manuscript Title Low Adherence to Recommended Guid	lelines for Open Fracture <i>F</i>	Antibiotic Prophylaxis		
6. Manuscript Identifying Number (if you kr JBJS-D-20-01229R1	now it)			
Section 2. The Work Under Co	onsideration for Public	cation		
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual Proper				
Intellectual Proper	ty Patents & Copyric	hts		
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Johal 2



Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Johal 3



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

joshi 1



	ı			
Section 1.	Identifying Infor	mation		
1. Given Name (Fi manjari	rst Name)	2. Surname (Last Name) joshi		3. Date 09-September-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author	's Name
5. Manuscript Title Low Adherence		delines for Open Fracture <i>F</i>	Antibiotic Prophylaxis	
6. Manuscript Ide	ntifying Number (if you k PR1	now it)		
	<u> </u>			
Section 2.	The Work Under (Consideration for Public	cation	
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 financia	l activities outside the s	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes No If yes, please fill out the appropriate information below.				
Name of Entity		Grant? Personal Noi	n-Financial upport?	Comments
OOD		✓		
OOD		✓		
PCORI		✓		
OOD				

joshi 2



Section 4					
Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					
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. joshi reports grants from DOD, grants from DOD, grants from PCORI, grants from DOD, outside the submitted work; .					

Evaluation and Feedback

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joshi 3



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administrative support, etc.

Lin 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Carol	2. Surname (Last Name) Lin	3. Date 08-September-2020		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Low Adherence to Recommended Guid	delines for Open Fracture Antibiotic Prophylaxis			
6. Manuscript Identifying Number (if you kr JBJS-D-20-01229	now it)			
Continu 2				
Section 2. The Work Under Co	onsideration 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				
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Section 4. Intellectual Proper	rty Patents & Copyrights			
	ned, pending or issued, broadly relevant to the work	? Yes ✓ No		

Lin 2



Section 5. Polationships not severed above
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Dr. Lin has nothing to disclose.

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Natoli 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Roman	rst Name)	2. Surname (Last Name) Natoli		3. Date 07-September-2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nam	ne
5. Manuscript Title Low Adherence		delines for Open Fracture <i>i</i>	Antibiotic Prophylaxis	
6. Manuscript Idei JBJS-D-20-01229	ntifying Number (if you kr PR1	now it)		
			_	
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Continu 2				
Section 3.	Relevant financial	activities outside the	submitted work.	
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	ı			
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	☐ Yes ✓ No

Natoli 2



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O'Hara 1



Section 1. Identifying Ir	nformation			
1. Given Name (First Name) Nathan	2. Surname (Last Name) O'Hara	3. Date 08-September-2020		
4. Are you the corresponding author	? Yes ✓ No	Corresponding Author's Name Carol Lin		
5. Manuscript Title Low Adherence to Recommende	d Guidelines for Open Fracture A	Antibiotic Prophylaxis		
6. Manuscript Identifying Number (if	you know it)			
		_		
Section 2. The Work Und	der Consideration for Public	cation		
	cluding but not limited to grants, da	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
•	te information below. If you hav	ve more than one entity press the "ADD" button to add a row.		
Name of Institution/Company	Grant	n-Financial Other? Comments		
Patient-Centered Outcomes Research Ir	stitute 🗸			
US Department of Defense	✓			
Section 3. Relevant fina	ncial activities outside the s	submitted work.		
of compensation) with entities as	described in the instructions. Us	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Are there any relevant conflicts of				
If yes, please fill out the appropriate information below.				
Name of Entity	Grant	n-Financial Other? Comments		
Arbutus Medical Inc		Stock Options		

O'Hara 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
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Mr. O'Hara reports grants from Patient-Centered Outcomes Research Institute, grants from US Department of Defense, during the conduct of the study; other from Arbutus Medical Inc, outside the submitted work; .

Evaluation and Feedback

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O'Hara 3



Instructions

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

O'Toole 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Robert	rst Name)	2. Surname (Last N O'Toole	lame)	3. Date 15-Sep	e otember-2020
4. Are you the cor	responding author?	Yes ✓ No	Correspon	ding Author's Name	
5. Manuscript Title Low Adherence	e to Recommended Guid	lelines for Open Fr	acture Antibiotic Pı	ophylaxis	
6. Manuscript Ider	ntifying Number (if you kn	now it)			
Section 2.	The Work Under Co	onsideration for	Publication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to gest? Yes cormation below. If	rants, data monitorin	g board, study design, ma	I, private foundation, etc.) for nuscript preparation, ADD" button to add a row.
Name of Institut	ion/Company	Grant? Person		Other? Comments	
PCORI		✓			
	ı				
Section 3.	Relevant financial	activities outsid	e the submitted	work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	ty Patents & C	opyrights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

O'Toole 2



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Phelps 1



Section 1. Identifying Inforn	nation	
1. Given Name (First Name) Kevin	2. Surname (Last Name) Phelps	3. Date 10-September-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Carol Lin
5. Manuscript Title Low Adherence to Recommended Guid	delines for Open Fracture <i>F</i>	Antibiotic Prophylaxis
6. Manuscript Identifying Number (if you ki JBJS-D-20-01229R1	now it)	
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Section 2. The Work Under C	onsideration for Public	cation
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Place a check in the appropriate boxes of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyrig	ahts
Do you have any patents, whether plan		

Phelps 2



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Dr. Phelps has nothing to disclose.

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Pilson 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Holly	2. Surname (Last Name) Pilson	3. Date 10-September-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Carol Lin
5. Manuscript Title Low Adherence to Recommended Gu	idelines for Open Fracture <i>F</i>	Antibiotic Prophylaxis
6. Manuscript Identifying Number (if you l	know it)	
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Section 2. The Work Under 0	Consideration for Public	cation
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Section 3. Relevant financia	l activities outside the s	submitted work
Place a check in the appropriate boxes of compensation) with entities as desc	in the table to indicate wh ribed in the instructions. Us eport relationships that wen	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prope	erty Patents & Copyrig	nhts
Do you have any patents, whether pla		
20 you have any pateries, whether pla	inica, periaing or issued, bi	oddiy relevant to the work.

Pilson 2



Section 5. Relationships not severed above
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Dr. Pilson has nothing to disclose.

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Slobogean 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Gerard	rst Name)	2. Surname (Last Nam Slobogean	e)	3. Date 12-September-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Low Adherence		lelines for Open Fractu	re Antibiotic Prophylaxis	
6. Manuscript Ider	ntifying Number (if you kn	now it)		
Section 2.	The Work Under Co	onsideration for Pu	blication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grant est? Yes Normation below. If you	s, data monitoring board, sto	ent, commercial, private foundation, etc.) for udy design, manuscript preparation, ty press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support? Other?	Comments
PCORI		V		
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Section 3.	Relevant financial	activities outside tl	ne submitted work.	
of compensation clicking the "Add Are there any rel	n) with entities as descri I +" box. You should rep evant conflicts of intere	ibed in the instructions port relationships that est? Yes 🕡 N	s. Use one line for each er were present during the o	cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Cop	yrights	
Do you have any	patents, whether plan	ned, pending or issued	l, broadly relevant to the	work? ☐ Yes ✓ No

Slobogean 2



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Slobogean 3



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Sprague 1



If yes, please fill out the appropriate information below.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Inform				
Identifying Infor	mation			
1. Given Name (First Name) Sheila	2. Surname (Last Name) Sprague		3. Date 11-September-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Carol Lin		
5. Manuscript Title Low Adherence to Recommended Gu	delines for Open Fracture	Antibiotic Propl	nylaxis	
6. Manuscript Identifying Number (if you l JBJS-D-20-01229R1	know it)			
Section 2. The Work Under (Consideration for Publi	cation		
any aspect of the submitted work (includir statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants, d	ata monitoring bo	vernment, commercial, private foundation, etc.) fo oard, study design, manuscript preparation,	
If yes, please fill out the appropriate in Excess rows can be removed by pressi		ve more than o	ne entity press the "ADD" button to add a row	
Name of Institution/Company	Grant? Personal No	n-Financial Support?	ther? Comments	
Department of Defense	✓		PREP-IT Program Funding	
AcMaster Surgical Associates			PREP-IT Program Funding	
PCORI	✓		PREP-IT Program Funding	
Physician Services Incorporated			PREP-IT Program Funding	
Section 3. Relevant financia	l activities outside the	submitted wo	ork.	
of compensation) with entities as desc clicking the "Add +" box. You should re	ribed in the instructions. U eport relationships that we	se one line for e	financial relationships (regardless of amount each entity; add as many lines as you need by ing the 36 months prior to publication.	
Are there any relevant conflicts of inte	rest? ✓ Yes No			

Sprague 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
Global Research Solutions				Employment	
Section 4. Intellectual Bronout					
Intellectual Propert	y Patents & Cop	yrights			
Do you have any patents, whether plann	ed, pending or issue	d, broadly relevai	nt to the v	vork? Yes 🗸 No	
Section 5. Relationships not c	overed above				
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Dr. Sprague reports grants from Departn grants from Physician Services Incorpora Solutions, outside the submitted work;	ited, during the con		_		

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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".

3. Relevant financial activities outside the submitted work.

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

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Section 1.	Identifying Inform	nation			
1. Given Name (Fi Stephen	rst Name)	2. Surname (Last Name Warner	2)	3. Date 10-September-2020	
4. Are you the cor	responding author?	Yes No Corresponding Author's Name Carol Lin			
5. Manuscript Title Low Adherence		delines for Open Fractu	re Antibiotic Prophylaxis		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Pu	blication		
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	but not limited to grants	, data monitoring board, study	, commercial, private foundation, etc.) for y design, manuscript preparation,	
Section 3.	Relevant financial	activities outside th	e submitted work.		
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instructions port relationships that est?	. Use one line for each entit were present during the 3 0	relationships (regardless of amount cy; add as many lines as you need by 6 months prior to publication .	
Name of Entity		Grant? Personal Fees?	Non-Financial Other?	Comments	
Synthes					
Section 4.	Intellectual Proper	rty Patents & Copy	vrights		
Do you have any	•		, broadly relevant to the wo	ork?	

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Section 5. Polationships not sovered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Warner reports personal fees from Synthes, outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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