

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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)  
Michael

2. Surname (Last Name)  
Hadeed

3. Date  
30-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Seth Yarboro

5. Manuscript Title  
A Locked Sacroiliac Joint Dislocation Requiring Open Reduction

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Hadeed 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)

Eric

2. Surname (Last Name)

Vess

3. Date

30-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Seth Yarboro

5. Manuscript Title

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Dr. Vess 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) David	2. Surname (Last Name) Weiss	3. Date 30-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Seth Yarboro
5. Manuscript Title A Locked Sacroiliac Joint Dislocation Requiring Open Reduction		
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
Globus Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant
Synthes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant
Saunders/Mosby-Elsevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Publishing royalties, financial or material support

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Dr. Weiss reports other from Globus Medical, other from Synthes, other from Saunders/Mosby-Elsevier, outside the submitted work; .

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1. Given Name (First Name)

Seth

2. Surname (Last Name)

Yarboro

3. Date

30-October-2018

4. Are you the corresponding author?

☒ Yes ☐ No

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