

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.

1. 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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brett	2. Surname (Last Name) Crist	3. Date 15-July-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Aaron Gray
5. Manuscript Title Not as Straight (forward) as an Arrow: Ultrasound Use to Detect a Carbon Fiber Foreign Body		
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

Section 3. Relevant financial activities outside 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 ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amedica Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock of stock options
DePuy Synthes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant and research support
International Geriatric Fracture Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member
Journal of Orthopaedic Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial board member
Journal of the American Academy of Orthopaedic Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial board member
KCI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Microport	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mid-Central States Orthopaedic Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member
Orthoinfo.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board member
Orthopaedic Trauma Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee member
Wright Medical Technology, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other financial and material support

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

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Dr. Crist reports personal fees from Amedica Corporation, grants and personal fees from DePuy Synthes, other from International Geriatric Fracture Society, other from Journal of Orthopaedic Trauma, other from Journal of the American Academy of Orthopaedic Surgeons, personal fees from KCI, personal fees from Microport, other from Mid-Central States Orthopaedic Society, other from Orthoinfo.org, other from Orthopaedic Trauma Association, personal fees from Wright Medical Technology, Inc., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Samuel

2. Surname (Last Name)
Galloway

3. Date
15-July-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Aaron Gray

5. Manuscript Title
Not as Straight (forward) as an Arrow: Ultrasound Use to Detect a Carbon Fiber Foreign Body

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Dr. Galloway has nothing to disclose.

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1. Given Name (First Name)

Aaron

2. Surname (Last Name)

Gray

3. Date

15-July-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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Dr. Gray has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Robertson

3. Date

15-July-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Aaron Gray

5. Manuscript Title

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