

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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)
Colin

2. Surname (Last Name)
Dunderdale

3. Date
15-June-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Robyn L. Chalupa

5. Manuscript Title
Tobacco May Not Affect Outcomes in Combat Related Severe Open Tibia Fractures

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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Dr. Dunderdale 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)
Travis

2. Surname (Last Name)
Burns

3. Date
21-July-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Robyn L. Chalupa

5. Manuscript Title
Tobacco May Not Affect Outcomes in Combat Related Severe Open Tibia Fractures

6. Manuscript Identifying Number (if you know it)

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Dr. Burns has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
ROBYN

2. Surname (Last Name)
CHALUPA

3. Date
17-July-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Tobacco May Not Affect Outcomes in Combat Related Severe Open Tibia Fractures

6. Manuscript Identifying Number (if you know it)

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Dr. CHALUPA 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) Benjamin	2. Surname (Last Name) Potter	3. Date 12-June-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robyn L. Chalupa
5. Manuscript Title Tobacco May Not Affect Outcomes in Combat Related Severe Open Tibia Fractures		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Potter has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Stinner

3. Date
09-June-2017

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☐ Yes

☒ No

Corresponding Author's Name
Robyn L. Chalupa

5. Manuscript Title
Tobacco May Not Affect Outcomes in Combat Related Severe Open Tibia Fractures

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