

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.

The work under consideration for publication.

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Intellectual Property.

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

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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

1 Magyari



Section 1.	Identifying Inform	ation		
1. Given Name (Fir Jodie	st Name)	2. Surname (Last Name) Magyari	3. Date 26-February-2018	
4. Are you the corr	responding author?	✓ Yes No		
·	5. Manuscript Title Mucormycosis of the Lower Extremity in the Orthopaedic Trauma Setting			
6. Manuscript Identifying Number (if you know it) JOPAJBJS-D-18-00007				
Section 2.	The Work Under Co	onsideration for Publication		
any aspect of the su statistical analysis, e	ubmitted work (including	ve payment or services from a third party (government but not limited to grants, data monitoring board, stud		
Section 3.	Relevant financial	activities outside the submitted work.		
of compensation) clicking the "Add	he appropriate boxes in) with entities as descri	n the table to indicate whether you have financial bed in the instructions. Use one line for each entit port relationships that were present during the 3	ty; add as many lines as you need by	
Cartian				
Section 4.	Intellectual Proper	ty Patents & Copyrights		
Do you have any	patents, whether plani	ned, pending or issued, broadly relevant to the wo	ork? ☐ Yes ✓ No	

Magyari 2



Section 5.	Relationships not covered above		
	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?		
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest		
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
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Miss Magyari has	s nothing to disclose.		

Evaluation and Feedback

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von Keudell 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi	rst Name)	2. Surname (Last No	ame)	3. Date 13-March-2018	
4. Are you the corresponding author?		✓ Yes No			
	5. Manuscript Title Mucormycosis of the Lower Extremity in the Orthopaedic Trauma Setting				
6. Manuscript Identifying Number (if you know it)					
Section 2.	The Work Under C	onsideration for	Publication		
any aspect of the s statistical analysis,	stitution at any time rece ubmitted work (including	ive payment or service but not limited to gra	es from a third party (governmen	t, commercial, private foundation, etc.) for y design, manuscript preparation,	
Section 3.	Relevant financial	activities outside	the submitted work.		
of compensation clicking the "Add	n) with entities as descri	bed in the instructionships the	ons. Use one line for each enti	l relationships (regardless of amount ty; add as many lines as you need by 86 months prior to publication.	
Section 4.	Intellectual Proper	ty Patents <u>& C</u> e	opyrights		
Do you have any		·	ued, broadly relevant to the w	ork? ☐ Yes ✓ No	

von Keudell 2



Section 5. Relationships 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?
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Section 6. Disclosure Statement
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Dr. von Keudell has nothing to disclose.

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Weaver 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Michael	2. Surname (Last Name) Weaver	3. Date 13-March-2018	
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Mucormycosis of the Lower Extremity in the Orthopaedic Trauma Setting			
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Did you or your institution at any time rece	eive payment or services from a third party (government, co g but not limited to grants, data monitoring board, study do		
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Intellectual Prope			
Do you have any patents, whether plar	ned, pending or issued, broadly relevant to the work	? ☐ Yes 🗸 No	

Weaver 2



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Dr. Weaver has nothing to disclose.

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Farraye 1



Section 1. Identifying	nformation	
1. Given Name (First Name) Matthew	2. Surname (Last Name) Farraye	3. Date 13-March-2018
4. Are you the corresponding author	or? Yes No	
5. Manuscript Title Mucormycosis of the Lower Extr	emity in the Orthopaedic Trauma Setting	
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