

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.

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.

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

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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

Byram 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) Scott	2. Surname (Last Name) Byram	3. Date 19-March-2018		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Joshua Radi		
5. Manuscript Title Utility of Peri-Operative Regional Nervo Other Patient Factors	e Block (PNB) in Tibial Plate	au Fractures: An Assessment of Post-Operative Pain and		
6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under C	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 inter	rest?			
Section 3. Relevant financial	activities outside the s	submitted work.		
of compensation) with entities as descri	ribed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.		
Are there any relevant conflicts of inter	•	- p		
Section 4. Intellectual Prope	erty Patents & Copyric	ghts		
Do you have any patents, whether plar	nned, pending or issued, br	oadly relevant to the work? Yes V No		

Byram 2



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Sortion 6
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. Byram has nothing to disclose.

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Byram 3



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

Curtis 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Amy	rst Name)	2. Surname (Last Name) Curtis	3. Date 20-March-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Joshua Radi
5. Manuscript Title Utility of Peri-Op Other Patient Fa	erative Regional Nerve	Block (PNB) in Tibial Plate	au Fractures: An Assessment of Post-Operative Pain and
6. Manuscript Ide	ntifying Number (if you kr	now it)	
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of compensation clicking the "Add	the appropriate boxes in with entities as descr	in the table to indicate wh ibed in the instructions. Us port relationships that we	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.
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Do you have any	patents, whether plan	ned, pending or issued, bi	roadly relevant to the work? Yes V No

Curtis 2



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Dr. Curtis has nothing to disclose.

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Curtis 3



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DiSilvio Jr.



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi Frank	rst Name)	2. Surname (Last Name) DiSilvio Jr.	3. Date 14-March-2018
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Joshua Radi
Other Patient Fa	erative Regional Nerve		au Fractures: An Assessment of Post-Operative Pain and
Section 2.	The Work Under C	onsideration for Public	ration
any aspect of the s statistical analysis,	stitution at any time rece ubmitted work (including	eive payment or services from g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
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Section 4.	Intellectual Prope	rty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No

DiSilvio Jr. 2



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Frank DiSilvio Jr. has nothing to disclose.

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DiSilvio Jr. 3



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

Radi 1



Section 1. Identifying Inform				
Identifying Inform	ation			
Given Name (First Name) Joshua	2. Surname (Last Nam Radi	e)		3. Date 13-March-2018
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Utility of Peri-Operative Regional Nerve Other Patient Factors	Block (PNB) in Tibial P	lateau Fractures	:: An Assessm	nent of Post-Operative Pain and
6. Manuscript Identifying Number (if you kn	ow it)			
Section 2. The Work Under Co		1.0		
The Work Under Co	onsideration for Pu	blication		
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?				
Are there any relevant conflicts of interes	est? Yes ✓ N	lo		
Section 2				
Section 3. Relevant financial	activities outside t	he submitted	work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instruction	s. Use one line fo	or each entity	y; add as many lines as you need by
Are there any relevant conflicts of interest? Ves No				
If yes, please fill out the appropriate info				
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? C	Comments
016 Retried Army Medical Specialist Corps Association Endowment for Scholarly Activity	✓		For	r other research
016 Western Michigan University Graduate tudent Research Grant			For	r other research
Section 4. Intellectual Proper	ty Patents & Cop	yrights		
Do you have any patents, whether plant	ned, pending or issued	d, broadly releva	nt to the wo	ork?

Radi 2



Section 5. Polationships not severed above
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Section 6. Disclosure Statement
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Dr. Radi reports grants from 2016 Retried Army Medical Specialist Corps Association Endowment for Scholarly Activity, grants from 2016 Western Michigan University Graduate Student Research Grant, outside the submitted work; .

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Radi 3



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Summers 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Summers		3. Date 22-March-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Joshua Radi	e
5. Manuscript Title Utility of Peri-Op Other Patient Fa	erative Regional Nerve	Block (PNB) in Tibial Plate	au Fractures: An Assessment	of Post-Operative Pain and
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			-	
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Do you have any		.,	oadly relevant to the work?	☐ Yes 📝 No

Summers 2



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Vangsnes 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) Eric	2. Surname (Last Name) Vangsnes	3. Date 24-March-2018		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Joshua Radi		
5. Manuscript Title Utility of Peri-Operative Regional Nerv Other Patient Factors	e Block (PNB) in Tibial Plate	au Fractures: An Assessment of Post-Operative Pain and		
6. Manuscript Identifying Number (if you k	(now it)			
Section 2. The Work Under 0	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 inte	rest? Yes V No			
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of compensation) with entities as desc	ribed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.		
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No		

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Section 5. Relationships not sovered above
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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.
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Dr. Vangsnes has nothing to disclose.

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