

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Caitlin

2. Surname (Last Name)  
Krusen

3. Date  
12-April-2018

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name

5. Manuscript Title  
Orthopedic Trauma Roundtable: Management of an Acetabular Fracture in a 17 Year-Old Male

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

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Ms. Krusen 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)  
Dagan

2. Surname (Last Name)  
Cloutier

3. Date  
12-April-2018

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

5. Manuscript Title  
Orthopedic Trauma Roundtable: Management of an Acetabular Fracture in a 17 Year-Old Male

6. Manuscript Identifying Number (if you know it)

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Mr. Cloutier has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Riehl	3. Date 12-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title Orthopedic Trauma Roundtable: Management of an Acetabular Fracture in a 17 Year-Old Male		
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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
Arthrex, INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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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Dr. Riehl reports personal fees from Arthrex, INC, outside the submitted work; .

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1. Given Name (First Name) Keith	2. Surname (Last Name) Paul	3. Date 12-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title Orthopedic Trauma Roundtable: Management of an Acetabular Fracture in a 17 Year-Old Male		
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Mr. Paul has nothing to disclose.

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1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Radi

3. Date

12-April-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Orthopedic Trauma Roundtable: Management of an Acetabular Fracture in a 17 Year-Old Male

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Dr. Radi has nothing to disclose.

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