

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.

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

Born 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Christopher	2. Surname (Last Name) Born	3. Date 14-May-2015
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Disaster Response Management Guidel	lines for Departments of Orthopaedic Surgery	
6. Manuscript Identifying Number (if you kr REVIEWS-D-15-00026	now it)	
Section 2. The Work Under C	onsideration for Publication	
	ive payment or services from a third party (government, considerable) but not limited to grants, data monitoring board, study doest?	
Section 3. Relevant financial	activities outside the submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were present during the 36 i	add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	☐ Yes ✓ No</th

Born 2



Section 5. Relationships not sovered above
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Section 6. Disclosure Statement
Disclosure Statement
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Dr. Born has nothing to disclose

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Born 3



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Richardson 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Mark	2. Surname (Last Name) Richardson	3. Date 02-June-2015
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title " Disaster Management Guidelines for I	Departments of Orthopaedic Surgery"	
6. Manuscript Identifying Number (if you ki REVIEWS-D-15-00026	now it)	
Section 2. The Work Under C	onsideration for Publication	
	eive payment or services from a third party (government, cong but not limited to grants, data monitoring board, study doest?	
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Richardson 2



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Richardson 3



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McAndrew 1



Section 1.	dentifying Informa	ation		
1. Given Name (First N Mark	Name)	2. Surname (Last Name) McAndrew		3. Date 13-May-2015
4. Are you the corresp	oonding author?	Yes ✓ No	Corresponding Author's Nar Chris Born, M.D.	me
5. Manuscript Title Disaster Manageme	ent Guidelines for Dep	partments of Orthopaed	ic Surgery	
6. Manuscript Identify REVIEWS-D-15-0002	ving Number (if you kno 26	ow it)		
Section 2. Th	ne Work Under Co	nsideration for Publi	ication	
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Section 3. Re	elevant financial a	ctivities outside the	submitted work.	
of compensation) w clicking the "Add +"	ith entities as describ	oed in the instructions. U ort relationships that we	lse one line for each entity; a	ationships (regardless of amount dd as many lines as you need by conths prior to publication.
Section 4. In	tellectual Propert	y Patents & Copyri	ghts	
Do you have any par	tents, whether plann	ed, pending or issued, b	roadly relevant to the work?	☐ Yes 🗸 No

McAndrew 2



Section 5. Relationships not severed above
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Mamczak 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Christiaan	2. Surname (Last Name) Mamczak	3. Date 12-May-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Christopher Born
5. Manuscript Title Disaster Management Response Guideli	nes for Departments of O	rthopaedic Surgery
6. Manuscript Identifying Number (if you kn	ow it)	
		-
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
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If yes, please fill out the appropriate info	rmation below.	
Name of Entity	Grant? Personal Nor	n-Financial other? Comments
Smith and Nephew		Consultant
Springer		✓ Publishing Royalties
Sortion 4		
Section 4. Intellectual Proper	ty Patents & Copyric	yhts
Do you have any patents, whether plann	ned, pending or issued, br	roadly relevant to the work? Yes V No

Mamczak 2



Section 5.	Relationships not covered above				
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
	Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest				
Member OTA Dis	saster Preparedness Committee				
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	oorts other from Smith and Nephew, other from Springer, outside the submitted work; and Member OTA dness Committee.				

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Monchik, MD 1



Section 1. Identifying In	formation	
1. Given Name (First Name) Keith	2. Surname (Last Name) Monchik, MD	3. Date 03-June-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christopher Born, MD
5. Manuscript Title Disaster Management Guidelines f	or Departments of Orthopaedi	c Surgery
6. Manuscript Identifying Number (if y REVIEWS-D-15-00026	ou know it)	
Section 2. The Work Und	er Consideration for Public	cation
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Do you have any patents, whether		

Monchik, MD 2



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Pagenkopf 1



Section 1.	dentifying Inform	ation	
1. Given Name (First Eric		2. Surname (Last Name) Pagenkopf	3. Date 04-June-2015
4. Are you the corres	ponding author?	☐ Yes ✓ No	Corresponding Author's Name Christopher Born
5. Manuscript Title Disaster Managem	ent Response Guideli	nes for Departments of	Orthopaedic Surgery
6. Manuscript Identif REVIEWS-D-15-000	rying Number (if you kno 26	ow it)	
Section 2.	he Work Under Co	onsideration for Pub	lication
any aspect of the sub statistical analysis, etc	mitted work (including	but not limited to grants,	om a third party (government, commercial, private foundation, etc.) fo data monitoring board, study design, manuscript preparation,
Section 3.	elevant financial a	activities outside the	e submitted work.
of compensation) v clicking the "Add +	vith entities as descril " box. You should rep	bed in the instructions. Fort relationships that w	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .
•	ant conflicts of intere the appropriate info		
Name of Entity		Grant? Personal N	Other? Comments
AO North America			
Synthes			
Section 4.	ntellectual Proper	ty Patents & Copyr	rights
Do you have any pa	atents, whether planr	ned, pending or issued,	broadly relevant to the work? Yes V No

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Dr. Pagenkopf reports personal fees from AO North America, personal fees from Synthes, outside the submitted work; .

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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

Teague 1



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1. Given Name (First Name) David		2. Surname (Last Name) Teague	3. Date 11-May-2015			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Christopher Born			
5. Manuscript Title Disaster Management Guidelines for Departments of Orthopaed		epartments of Orthopaedi	c Surgery			
6. Manuscript Identifying Number (if you know it) REVIEWS-D-15-00026						
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Section 4.	Intellectual Proper	ty Patents & Copyric	yhts			
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Disclosure Statement				
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Dr. Teague has nothing to disclose.				

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

Wolinsky 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Philip	2. Surname (Last Name) Wolinsky	3. Date 04-June-2015			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christopher Born			
5. Manuscript Title Disaster Management Response Guide	lines for Departments of O	rthopaedic Surgery			
6. Manuscript Identifying Number (if you know it) REVIEWS-D-15-00026					
Section 2. The Work Under Consideration for Publication					
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Section 3. Relevant financial	activities outside the s	uhmitted work			
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Section 4. Intellectual Prope	rty Patents & Copyrig	hts			
Do you have any patents, whether plan					

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