

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

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.

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Cory

2. Surname (Last Name)

Czajka

3. Date

11-August-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jillian Kazley

5. Manuscript Title

Team Approach: Evaluation and Management of Pelvic Ring Injuries

6. Manuscript Identifying Number (if you know it)

REVIEWS-D-19-00014

Section 2. The Work Under Consideration for Publication

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 interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Czajka 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) Marissa	2. Surname (Last Name) Potenza	3. Date 15-August-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jillian Kazley
5. Manuscript Title Team Approach: Evaluation and Management of Pelvic Ring Injuries		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00014		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Potenza 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) Andrew	2. Surname (Last Name) Marthy	3. Date 16-August-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jillian Kazley
5. Manuscript Title Team Approach: Evaluation and Management of Pelvic Ring Injuries		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00014		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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. Marthy 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) Casey	2. Surname (Last Name) O'Connor	3. Date 14-August-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jillian Kazley
5. Manuscript Title Team Approach: Evaluation and Management of Pelvic Ring Injuries		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00014		

Section 2. The Work Under Consideration for Publication

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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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Dr. O'Connor 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)

Jillian

2. Surname (Last Name)

Kazley

3. Date

10-August-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Team Approach: Evaluation and Management of Pelvic Ring Injuries

6. Manuscript Identifying Number (if you know it)

REVIEWS-D-19-00014

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Other: Anything not covered under the previous three boxes

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Abdul	2. Surname (Last Name) Arain	3. Date 11-August-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jillian Kazley
5. Manuscript Title Team Approach: Evaluation and Management of Pelvic Ring Injuries		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00014		

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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.)?

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Dr. Arain has nothing to disclose.

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