

CONFLICT OF DISCLOSURE FORM

Based on ICMJE Form

Date: 10/31/2023

Your Name: Walter L. Biffl

Manuscript Title: Diagnosis and Management of Blunt Cardiac Injury; What You Need to Know

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related or unrelated to the content of your manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Multiple surgical societies</td> <td>Leadership role- no payments</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Multiple surgical societies	Leadership role- no payments				
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1"> <tr> <td>Multiple vendors</td> <td>Food and beverage- \$186.92</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Multiple vendors	Food and beverage- \$186.92				
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14	Family Disclosure. Disclose any financial associations involving a spouse, partner, or children	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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CONFLICT OF INTEREST DISCLOSURE FORM

Based on ICMJE Form

Date: 10/31/2023

Your Name: Jason Fawley

Manuscript Title: Diagnosis and Management of Blunt Cardiac Injury- What You Need to Know

Manuscript Number (if known): [Click or tap here to enter text.]

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Date: 11/1/2023

Your Name: Rajeev C. Mohan

Manuscript Title: Diagnosis and Management of Blunt Cardiac Injury- What You Need to Know

Manuscript Number (if known): [Click or tap here to enter text.]

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