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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Section 1. Identifying Information

1. Given Name (First Name) Brad
2. Surname (Last Name) Schoch
3. Date 26-August-2016
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name Eric Padegimas

5. Manuscript Title
Evaluation and Management of Axillary Artery Injury: the Orthopaedic and Vascular Surgeon’s Perspective

6. Manuscript Identifying Number (if you know it)

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Dr. Schoch has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Eric
2. Surname (Last Name)     Padegimas
3. Date                    26-August-2016
4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title
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Dr. Padegimas has nothing to disclose.

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Williams
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Gerald

2. Surname (Last Name)  
   Williams

3. Date  
   26-August-2016

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Evaluation and Management of Axillary Artery Injury: the Orthopaedic and Vascular Surgeon’s Perspective

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   Yes

If yes, please fill out the appropriate information below.

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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td></td>
<td>✓</td>
<td>Second Vice President</td>
</tr>
<tr>
<td>Depuy</td>
<td>✓</td>
<td></td>
<td></td>
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<td>Money to my institution</td>
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<tr>
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<td>Money to my institution</td>
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</table>

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

<table>
<thead>
<tr>
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<td>Depuy</td>
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<td>IMDS/Cleveland Clinic</td>
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<td>Lippincott</td>
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<tr>
<td>Jeon</td>
<td>Kwon</td>
<td>26-August-2016</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

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<td>Eric Padegimas</td>
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Dr. Kwon has nothing to disclose.

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

<table>
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<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>Paul</td>
<td>DiMuzio</td>
<td>26-August-2016</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

   Corresponding Author’s Name: Eric Padegimas

5. Manuscript Title  
   Evaluation and Management of Axillary Artery Injury: the Orthopaedic and Vascular Surgeon’s Perspective

6. Manuscript Identifying Number (if you know it)

### 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  
   - [x] No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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   - [x] No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - [ ] Yes  
   - [x] No
Section 5. Relationships not covered above

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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. DiMuzio has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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.**

   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”.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Surena

2. Surname (Last Name)  
Namdari

3. Date  
26-August-2016

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Yes ✔ No

Corresponding Author’s Name  
Eric Padegimas

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If yes, please fill out the appropriate information below.

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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Dr. Namdari reports grants from Zimmer, grants from Integra, grants from Depuy, personal fees from Miami Device Solutions, personal fees from DJO Surgical, grants from Arthrex, outside the submitted work; In addition, Dr. Namdari has a patent Miami Device Solutions with royalties paid, a patent DJO Surgical with royalties paid, and a patent Elsevier with royalties paid.
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Evaluation and Feedback

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