

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.

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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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

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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
Stryker	<input checked="" type="checkbox"/>	<input 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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Petrisor reports grants from Canadian Institutes of Health Research, other from Stryker, other from Zimmer, other from Triad Medical, grants from US Department of Defence, grants from Association Internationale pour l'Osteosynthese Dynamique, during the conduct of the study; grants from Stryker, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Mohit 2. Surname (Last Name) Bhandari 3. Date 11-July-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Kim Madden

5. Manuscript Title
Predicting Loss to Follow-up Risk in Adult Trauma Patients in Randomized Controlled Trials: An Example from the FLOW Trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? 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.

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Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provided Surgilav irrigators for the trial for clinical sites in Asia.
Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provided Pulsavac irrigator at discounted rates to selected clinical sites in North America.
Triad Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Donated the initial supply of castile soap for the study.
US Department of Defence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding
Association Internationale pour l'Osteosynthese Dynamique	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding

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Stryker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amgen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DePuy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eli Lilly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DJO Global	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ferring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 1. Identifying Information

1. Given Name (First Name) Kyle 2. Surname (Last Name) Jeray 3. Date 11-July-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Kim Madden

5. Manuscript Title
Predicting Loss to Follow-up Risk in Adult Trauma Patients in Randomized Controlled Trials: An Example from the FLOW Trial

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Are there any relevant conflicts of interest? 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
US Department of Defence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Zimmer, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Lilly USA, LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pacira	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name)
Kim

2. Surname (Last Name)
Madden

3. Date
11-July-2016

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US Department of Defence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding
Association Internationale pour l'Osteosynthese Dynamique	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding

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Section 1. Identifying Information

1. Given Name (First Name) Paula 2. Surname (Last Name) McKay 3. Date 11-July-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Kim Madden

5. Manuscript Title
Predicting Loss to Follow-up Risk in Adult Trauma Patients in Randomized Controlled Trials: An Example from the FLOW Trial

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 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Surgilav irrigators for the trial for clinical sites in Asia.
Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Pulsavac irrigator at discounted rates to selected clinical sites in North America.
Triad Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donated the initial supply of castile soap for the study.
Association Internationale pour l'Osteosynthese Dynamique	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding
US Department of Defence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 3. Relevant financial activities outside the submitted work.

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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
Global Research Solutions 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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, 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

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Section 6. Disclosure Statement

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Ms. McKay reports grants from Canadian Institutes of Health Research, non-financial support from Stryker, non-financial support from Zimmer, non-financial support from Triad Medical, grants from Association Internationale pour l'Osteosynthese Dynamique, grants from US Department of Defence, during the conduct of the study; personal fees from Global Research Solutions Inc., outside the submitted work; .

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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

1. Given Name (First Name) _____ Taryn

2. Surname (Last Name) _____ Scott

3. Date _____ 11-July-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name _____ Kim Madden

5. Manuscript Title _____ Predicting Loss to Follow-up Risk in Adult Trauma Patients in Randomized Controlled Trials: An Example from the FLOW Trial

6. Manuscript Identifying Number (if you know it) _____

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Association Internationale pour l'Osteosynthese Dynamique	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Sheila

2. Surname (Last Name) _____
Sprague

3. Date _____
11-July-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name _____
Kim Madden

5. Manuscript Title _____
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Office of the Assistant Secretary of Defense for Health Affairs, through the Orthopaedic Trauma Research Program under Award No. W81XWH-08-1-0473 and the Peer Reviewed Orthopaedic Research Program under Award No. W81XWH-12-1-0530.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding
Association Internationale pour l'Osteosynthese Dynamique	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided study funding

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McMaster University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment/salary
Global Research Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment/salary

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Section 1. Identifying Information

1. Given Name (First Name) Stephanie 2. Surname (Last Name) Tanner 3. Date _____

4. Are you the corresponding author? Yes No Corresponding Author's Name
Kim Madden

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