ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Knops
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<table>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Simon</td>
<td>Knops</td>
<td>14-December-2013</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ☑ No

5. Manuscript Title
The importance of trauma-center care on mortality and function following pelvic ring and acetabular injuries

6. Manuscript Identifying Number (if you know it)

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Dr. Knops has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Frederick
2. Surname (Last Name) Rivara
3. Date 11-December-2013
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name
   Saam Morshed
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Dr. Rivara has nothing to disclose.

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   Jin
2. Surname (Last Name)  
   Wang
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   Saam Morshed
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<td>Jurkovich</td>
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<td>Saam Morshed</td>
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1. Given Name (First Name)  
   Saam  

2. Surname (Last Name)  
   Morshed  

3. Date  
   11-December-2013

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   No

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Dr. Morshed has nothing to disclose.

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Definitions.

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**Grant**: A grant from an entity, generally (but not always) paid to your organization

**Personal Fees**: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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

**Issued**: The patent has been issued by the agency

**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

Section 1. Identifying Information

1. Given Name (First Name)  Ellen
2. Surname (Last Name)  MacKenzie
3. Date  27-June-2014
4. Are you the corresponding author?  Yes  No  ✔
Corresponding Author’s Name  Saam Morshed

5. Manuscript Title  The importance of trauma-center care on mortality and function following pelvic ring and acetabular injuries

6. Manuscript Identifying Number (if you know it)  JBJS-D-14-00008R1

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  ✔

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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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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. MacKenzie has nothing to disclose.

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