ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Meaghan

2. Surname (Last Name)  
   Lutts

3. Date  
   16-May-2016

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Wudbhav N. Sankar, MD

5. Manuscript Title  
   A Dedicated Orthopaedic Trauma Operating Room Improves Efficiency at a Pediatric Center

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

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

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   [ ] Yes  
   [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
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Ms. Lutts has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Apurva
2. Surname (Last Name) Shah
3. Date 16-May-2016
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name
   Wudbhav N. Sankar, MD
5. Manuscript Title
   A Dedicated Orthopaedic Trauma Operating Room Improves Efficiency at a Pediatric Center
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Shah has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)    Christopher
2. Surname (Last Name)        Brusalis
3. Date                      16-May-2016
4. Are you the corresponding author?  [No]
5. Manuscript Title
   A Dedicated Orthopaedic Trauma Operating Room Improves Efficiency at a Pediatric Center
6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)  Wudbhav
2. Surname (Last Name)  Sankar
3. Date  16-May-2016
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
A Dedicated Orthopaedic Trauma Operating Room Improves Efficiency at a Pediatric Center

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Dr. Sankar has nothing to disclose.

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1. Given Name (First Name)  Xianqun
2. Surname (Last Name)  Luan
3. Date  16-May-2016
4. Are you the corresponding author?  [ ] Yes  [x] No

Corresponding Author’s Name  Wudbhav N. Sankar, MD

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