ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)    Holmes
3. Date                  19-January-2017

4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name   Vincent D. Pellegrini, Jr., MD

5. Manuscript Title
   Pulsatile Lavage of Musculoskeletal Wounds Causes Muscle Necrosis and Dystrophic Calcification

6. Manuscript Identifying Number (if you know it)

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Dr. Holmes has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Jaffe

3. Date  
   10-January-2017

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Vincent Pellegrini, Jr., MD

5. Manuscript Title  
   Pulsatile Lavage of Musculoskeletal Wounds Causes Muscle Necrosis and Dystrophic Calcification

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Dr. Jaffe has nothing to disclose.

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<table>
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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Thao</td>
<td>Nguyen</td>
<td>18-January-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Vincent D. Pellegrini, Jr., MD

5. Manuscript Title

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Dr. Nguyen has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Fourney

3. Date  
   11-January-2017

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Vincent D. Pellegrini, Jr., MD

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Alexander

2. Surname (Last Name)  
   Chiaramonti

3. Date  
   09-January-2017

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name  
   Vincent D. Pellegrini, Jr., MD

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Evan

2. Surname (Last Name)  
   Hanna

3. Date  
   19-January-2017

4. Are you the corresponding author?  
   Yes  ☑ No

   Corresponding Author’s Name  
   Vincent D. Pellegrini, Jr., MD

5. Manuscript Title  
   Pulsatile Lavage of Musculoskeletal Wounds Causes Muscle Necrosis and Dystrophic Calcification

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?  
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Are there any relevant conflicts of interest?  
   Yes  ☑ No

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

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Section 6. Disclosure Statement

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Dr. Hanna has nothing to disclose.

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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)**  
   William

2. **Surname (Last Name)**  
   Barfield

3. **Date**  
   20-February-2017

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

   **Corresponding Author’s Name**  
   Vincent D. Pellegrini, Jr., MD

5. **Manuscript Title**  
   Pulsatile Lavage of Musculoskeletal Wounds Causes Muscle Necrosis and Dystrophic Calcification

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  
[ ] 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.

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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[ ] Yes  
[ ] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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. Barfield has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Joseph

2. Surname (Last Name)  
Stains

3. Date  
10-January-2017

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Vincent Pellegrini

5. Manuscript Title  
Pulsatile Lavage of Musculoskeletal Wounds Causes Muscle Necrosis and Dystrophic Calcification

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  ☐ No

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Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Stains has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Astor

2. Surname (Last Name)  
Robertson

3. Date  
19-January-2017

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Vincent D. Pellegrini, Jr., MD

5. Manuscript Title  
Pulsatile Lavage of Musculoskeletal Wounds Causes Muscle Necrosis and Dystrophic Calcification

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?  
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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Robertson has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Vincent

2. Surname (Last Name)  
   Pellegrini

3. Date  
   11-January-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Pulsatile Lavage of Musculoskeletal Wounds Causes Muscle Necrosis and Dystrophic Calcification

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.

<table>
<thead>
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<tbody>
<tr>
<td>Department of Defense CDMRP PRORP</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research grant - heterotopic bone after blast injury - W81XWH-10-1-0975</td>
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</tbody>
</table>

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

If yes, please fill out the appropriate information below.

<table>
<thead>
<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>Surgical education for use of total hip replacement stem designed by author</td>
</tr>
</tbody>
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### ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>❌</td>
<td>✔️</td>
<td></td>
<td>Royalties received for intellectual property transfer related to design of total hip replacement stem</td>
</tr>
</tbody>
</table>

### Section 5. Relationships not covered above

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Dr. Pellegrini reports personal fees from DePuy Orthopaedics, grants from Department of Defense, grants from PCORI, outside the submitted work; In addition, Dr. Pellegrini has a patent Royalties with royalties paid.

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