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)  
   Christopher

2. Surname (Last Name)  
   Born

3. Date  
   06-September-2018

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

   Corresponding Author’s Name  
   Shaan Ahmed

5. Manuscript Title  
   Malpractice Litigation Following Traumatic Fracture

6. Manuscript Identifying Number (if you know it)

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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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Dr. Born 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) Syed
2. Surname (Last Name) Naqvi
3. Date 09-September-2018
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Shaan Ahmed
5. Manuscript Title
   Malpractice Litigation Following Traumatic Fracture
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 ☑

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Dr. Naqvi has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Shaan

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

3. **Date**
   10-September-2018

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

5. **Manuscript Title**
   Malpractice Litigation Following Traumatic Fracture

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

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- Yes [ ]
- No [X]

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- Yes [ ]
- No [X]

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

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- Yes [ ]
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Section 1. Identifying Information

1. Given Name (First Name)  
   Adam

2. Surname (Last Name)  
   Eltorai

3. Date  
   09-September-2018

4. Are you the corresponding author?  
   ☑ Yes  □ No
   Corresponding Author’s Name  
   Shaan Ahmed

5. Manuscript Title  
   Malpractice Litigation Following Traumatic Fracture

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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>
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<td>Davis</td>
<td>Hartnett</td>
<td>06-September-2018</td>
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4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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Shaan Ahmed
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Davis Hartnett has nothing to disclose.

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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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### Section 1. Identifying Information

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<th>2. Surname (Last Name)</th>
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<td>DeFroda</td>
<td>08-September-2018</td>
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4. Are you the corresponding author? [ ] Yes [x] No

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6. Manuscript Identifying Number (if you know it)

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<th>5. Corresponding Author’s Name</th>
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<tr>
<td>Shaan Ahmed</td>
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### 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

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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 [x] No

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Dr. DeFroda 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.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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Ruddell
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jack

2. Surname (Last Name)  
   Ruddell

3. Date  
   06-September-2018

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

   Corresponding Author’s Name  
   Shaan A. Ahmed

5. Manuscript Title  
   Malpractice Litigation Following Traumatic Fracture

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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1. **Given Name (First Name)**  
   Alan

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

3. **Date**  
   07-September-2018

4. **Are you the corresponding author?**  
   Yes

5. **Manuscript Title**  
   Malpractice Litigation Following Traumatic Fracture

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

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