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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)  
   Gregory

2. Surname (Last Name)  
   Della Rocca

3. Date  
   08-January-2019

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

5. Manuscript Title  
   Intimate partner violence and orthopaedics: what are we missing?

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-01341

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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 ☐ 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 ☐

If yes, please fill out the appropriate information below.

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</tr>
</tbody>
</table>

Della Rocca
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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Della Rocca reports personal fees from Wright-Tornier, personal fees from DePuy-Synthes, personal fees from Bioventus, personal fees from AOTrauma, other from The Orthopaedic Implant Company, other from Mergenet Medical, other from Intellectual Ventures, 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) Sheila
2. Surname (Last Name) Sprague
3. Date 09-January-2019
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author’s Name Gregory Della Rocca
5. Manuscript Title Intimate partner violence and orthopaedics: what are we missing?
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01341

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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<td>☑</td>
<td>Employment/Salary</td>
</tr>
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</table>

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?

- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Sprague reports other from McMaster University, other from Global Research Solutions, outside the submitted work;

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1. Given Name (First Name)  
   Prism

2. Surname (Last Name)  
   Schneider

3. Date  
   14-January-2019

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

   Corresponding Author’s Name  
   Gregory Della Rocca

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Schneider has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Tornetta

3. Date  
   16-January-2019

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

   Corresponding Author’s Name  
   Gregory J. Della Rocca

5. Manuscript Title  
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