ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Abhiram

2. Surname (Last Name)  
Bhashyam

3. Date  
13-December-2018

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

5. Manuscript Title  
The Personal Financial Burden Associated with Musculoskeletal Trauma

6. Manuscript Identifying Number (if you know it)  
JBJS-D-18-01114

Section 2. The Work Under Consideration for Publication

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Dr. Bhashyam has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Marilyn

2. Surname (Last Name)  
Heng

3. Date  
13-December-2018

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

Corresponding Author’s Name  
Abhiram Bhashyam

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

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Section 1. Identifying Information

1. Given Name (First Name) Madeline
2. Surname (Last Name) McGovern
3. Date 13-December-2018
4. Are you the corresponding author? ☑ Yes  No
   Corresponding Author's Name
   Abhiram Bhashyam
5. Manuscript Title
   The Personal Financial Burden Associated with Musculoskeletal Trauma
6. Manuscript Identifying Number (if you know it)
   JBJS-D-18-01114

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Dr. McGovern has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name)  Weaver
3. Date  13-December-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  The Personal Financial Burden Associated with Musculoskeletal Trauma
6. Manuscript Identifying Number (if you know it)  JBJS-D-18-01114

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Dr. Weaver has nothing to disclose.

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<table>
<thead>
<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>Taina</td>
<td>Mueller</td>
<td>13-December-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

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

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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Royalties: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
Mitchel

2. Surname (Last Name)  
Harris

3. Date  
13-December-2018

4. Are you the corresponding author?  
Yes ✔ No

Corresponding Author’s Name  
Abhiram Bhashyam

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 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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Dr. Harris has nothing to disclose.

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