ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Gareth

2. Surname (Last Name)  
Iball

3. Date  
20-February-2019

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

Corresponding Author's Name  
Anthony Howard

5. Manuscript Title  
Estimates of increase of carcinogenesis risk due to ionizing radiation of polytrauma patients received by a major trauma center over a 10 year period.

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Iball has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Peter V.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Giannoudis</td>
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Are there any relevant conflicts of interest? Yes ☐ No ☑

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Dr. Giannoudis has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Anthony

2. Surname (Last Name)  
   Howard

3. Date  
   07-February-2019

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

5. Manuscript Title  
   Estimates of increase of carcinogenesis risk due to ionizing radiation of polytrauma patients received by a major trauma centre over a 10-year period.

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Dr. Howard has nothing to disclose.

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1. Given Name (First Name)  
   Hemant

2. Surname (Last Name)  
   Pandit

3. Date  
   20-February-2019

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

   Corresponding Author's Name
   Anthony Howard

5. Manuscript Title  
   Estimates of increase of carcinogenesis risk due to ionizing radiation of polytrauma patients received by a major trauma center over a 10 year period.

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Section 1. Identifying Information

1. Given Name (First Name)
   Michalis

2. Surname (Last Name)
   Panteli

3. Date
   20-February-2019

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name
   Anthony Howard

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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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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information
1. Given Name (First Name)  Robert
2. Surname (Last Name)  West
3. Date  20-February-2019
4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name  Anthony Howard
5. Manuscript Title
Estimates of increase of carcinogenesis risk due to ionizing radiation of polytrauma patients received by a major trauma center over a 10 year period.
6. Manuscript Identifying Number (if you know it)

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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.)?
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Dr. West has nothing to disclose.

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