

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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) Jacob	2. Surname (Last Name) Jo	3. Date 16-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric Swart
5. Manuscript Title "Found Down" Compartment Syndrome: Experience from the Front Lines of the Opioid Epidemic		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01307		

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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Section 6. Disclosure Statement

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Jacob Jo has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Amna	2. Surname (Last Name) Diwan	3. Date 16-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric Swart
5. Manuscript Title "Found Down" Compartment Syndrome: Experience from the Front Lines of the Opioid Epidemic		
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Dr. Diwan has nothing to disclose.

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1. Given Name (First Name) Lydia	2. Surname (Last Name) Parzych	3. Date 16-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric Swart
5. Manuscript Title "Found Down" Compartment Syndrome: Experience from the Front Lines of the Opioid Epidemic		
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Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Swart

3. Date
16-February-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Found Down" Compartment Syndrome: Experience from the Front Lines of the Opioid Epidemic

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Springer Publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Book Royalties

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Dr. Swart reports other from Springer Publications, outside the submitted work; .

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