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.

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3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the work. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brett
2. Surname (Last Name) Crist
3. Date 15-July-2015
4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name
Aaron Gray

5. Manuscript Title
Not as Straight (forward) as an Arrow: Ultrasound Use to Detect a Carbon Fiber Foreign Body

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

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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>DePuy Synthes</td>
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<tr>
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<td></td>
<td></td>
<td>☑</td>
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</tr>
<tr>
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<td>☑</td>
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Crist
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<td>✓</td>
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<tr>
<td>Wright Medical Technology, Inc.</td>
<td>☐</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>Other financial and material support</td>
</tr>
</tbody>
</table>

## 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

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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. Crist reports personal fees from Amedica Corporation, grants and personal fees from DePuy Synthes, other from International Geriatric Fracture Society, other from Journal of Orthopaedic Trauma, other from Journal of the American Academy of Orthopaedic Surgeons, personal fees from KCI, personal fees from Microport, other from Mid-Central States Orthopaedic Society, other from Orthoinfo.org, other from Orthopaedic Trauma Association, personal fees from Wright Medical Technology, Inc., outside the submitted work; .
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<tbody>
<tr>
<td>Samuel</td>
<td>Galloway</td>
<td>15-July-2015</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   
   Corresponding Author’s Name  
   Aaron Gray

5. Manuscript Title  
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Dr. Galloway has nothing to disclose.

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<tr>
<td>Aaron</td>
<td>Gray</td>
<td>15-July-2015</td>
</tr>
</tbody>
</table>

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

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1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Robertson

3. Date  
   15-July-2015

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Aaron Gray

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