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.
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alan

2. Surname (Last Name)  
   Blank

3. Date  
   01-July-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Overlapping Dislocation of the Pubic Symphysis: A Case report of an Open Reduction with Anterior and Posterior Pelvic Ring Fixation.

6. Manuscript Identifying Number (if you know it)  
   CC-D-14-00082R1

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Are there any relevant conflicts of interest?  
   No

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   No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   No
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Dr. Blank has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Gage

3. Date  
01-July-2014

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

Corresponding Author’s Name  
Alan Blank

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Tejwani
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Nirmal
2. Surname (Last Name)  Tejwani
3. Date  01-July-2014
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Corresponding Author’s Name  Alan Blank

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