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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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)  
   Patrick  
2. Surname (Last Name)  
   Bergin  
3. Date  
   08-February-2016  
4. Are you the corresponding author?  
   ✔ Yes  
5. Manuscript Title  
   Failure of Patellar Plating with Mini-fragment Implants: A Case Report  
6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
✔ Yes  
No

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
Yes  
✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

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

Evaluation and Feedback

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3. **Relevant financial activities outside the submitted work.**
   
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Matthew

2. **Surname (Last Name)**
   - Graves

3. **Date**
   - 08-February-2016

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

 **Corresponding Author’s Name**
 - Patrick Bergin, MD

5. **Manuscript Title**
   - Failure of Patellar Plating with Mini-fragment Implants: A Case Report

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [✔] No
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Dr. Graves has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel
2. Surname (Last Name) Miles
3. Date 08-February-2016
4. Are you the corresponding author? ☑ No

5. Manuscript Title
   Failure of Patellar Plating with Mini-fragment Implants: A Case Report

6. Manuscript Identifying Number (if you know it)

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Mr. Miles has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Clay

2. Surname (Last Name)  
   Spitler

3. Date  
   08-February-2016

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

   Corresponding Author’s Name  
   Patrick Bergin, MD

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