ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   Alfred  

2. Surname (Last Name)  
   Faulkner  

3. Date  
   20-January-2017  

4. Are you the corresponding author?  
   ✔ No  

   Corresponding Author’s Name  
   Yohan Jang  

5. Manuscript Title  
   Traumatic Hemipelvectomy with Contralateral Unstable Pelvis and Acetabulum Fracture: A Case Report  

6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
   ✔ 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?  
   ✔ No  

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

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

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Section 1. Identifying Information
1. Given Name (First Name)  Daniel
2. Surname (Last Name)  Flinn
3. Date  20-January-2017
4. Are you the corresponding author?  ✔ Yes ☐ No
Corresponding Author’s Name  Yohan Jang

5. Manuscript Title
Traumatic Hemipelvectomy with Contralateral Unstable Pelvis and Acetabulum Fracture: A Case Report

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  ✔ Yes ☐ No

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Section 1. Identifying Information

1. Given Name (First Name) Kelly
2. Surname (Last Name) Dinnan
3. Date 20-January-2017

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

Corresponding Author’s Name Yohan Jang

5. Manuscript Title
Traumatic Hemipelvectomy with Contralateral Unstable Pelvis and Acetabulum Fracture: A Case Report

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Section 1. Identifying Information

1. Given Name (First Name)  
Yohan

2. Surname (Last Name)  
Jang

3. Date  
29-September-2016

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Smith

3. Date  
   19-January-2017

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

   Corresponding Author’s Name  
   Yohan Jang

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

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