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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## Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Hadeed

3. Date  
   30-October-2018

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Seth Yarboro

5. Manuscript Title  
   A Locked Sacroiliac Joint Dislocation Requiring Open Reduction

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  [x] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Hadeed has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Eric</td>
<td>Vess</td>
<td>30-October-2018</td>
</tr>
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</table>

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

Corresponding Author’s Name

Seth Yarboro

5. Manuscript Title

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1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Weiss

3. Date  
   30-October-2018

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

Corresponding Author’s Name  
Seth Yarboro

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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Dr. Weiss reports other from Globus Medical, other from Synthes, other from Saunders/Mosby-Elsevier, outside the submitted work; .

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   Seth

2. Surname (Last Name)  
   Yarboro

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   No

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