

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Hadeed

3. Date  
09-December-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Seth Yarboro

5. Manuscript Title  
Simultaneous use of Kocher-Langenbeck and lateral window approaches for transverse acetabular fracture open reduction and internal fixation

6. Manuscript Identifying Number (if you know it)

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Dr. Hadeed has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kishan

2. Surname (Last Name)  
Mathur

3. Date  
09-December-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Seth Yarboro

5. Manuscript Title  
Simultaneous use of Kocher-Langenbeck and lateral window approaches for transverse acetabular fracture open reduction and internal fixation

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Dr. Mathur has nothing to disclose.

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1. Given Name (First Name)  
Thomas

2. Surname (Last Name)  
Moran

3. Date  
09-December-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Seth Yarboro

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

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1. Given Name (First Name)  
Seth

2. Surname (Last Name)  
Yarboro

3. Date  
09-December-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Simultaneous use of Kocher-Langenbeck and lateral window approaches for transverse acetabular fracture open reduction and internal fixation

6. Manuscript Identifying Number (if you know it)

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Baris

2. Surname (Last Name)  
Yildirim

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09-December-2018

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Yes  No

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Seth Yarboro

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