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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**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)  
   David

2. Surname (Last Name)  
   Galos

3. Date  
   03-June-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Bilateral Acetabular Fractures Associated with Seizures: A Report of two Cases

6. Manuscript Identifying Number (if you know it)  
   C-D-19-00190

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.)?

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Dr. Galos has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Erik
2. **Surname (Last Name)**
   Stapleton
3. **Date**
   03-June-2019
4. Are you the corresponding author? 
   - [ ] Yes  
   - [x] No  
   Corresponding Author’s Name
   David Galos, MD
5. **Manuscript Title**
   Bilateral Acetabular Fractures Associated with Seizures: A Report of two Cases
6. **Manuscript Identifying Number (if you know it)**
   C-D-19-00190

### 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

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

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Are there any relevant conflicts of interest? 
- [ ] Yes  
- [x] No

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

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

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Yngstrom
**Section 1. Identifying Information**

1. Given Name (First Name) Korey
2. Surname (Last Name) Yngstrom
3. Date 03-June-2019
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title Bilateral Acetabular Fractures Associated with Seizures: A Report of two Cases
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Dr. Yngstrom has nothing to disclose.

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1. Given Name (First Name)  Zachary
2. Surname (Last Name)  Aberman
3. Date  03-June-2019
4. Are you the corresponding author?  
   ✔ No
   Corresponding Author’s Name  David Galos, MD
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Dr. Aberman has nothing to disclose.

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