ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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**1. Identifying information.**

**2. The work under consideration for publication.**

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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**4. Intellectual Property.**

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Other:** Anything not covered under the previous three boxes.

**Pending:** The patent has been filed but not issued.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not.

**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)  
   Abdulrahman

2. Surname (Last Name)  
   Alaseem

3. Date  
   23-December-2018

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

5. Manuscript Title  
   Acute Thigh Compartment Syndrome Due to an Arterial Injury Following a Blunt Trauma: a Case Report

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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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?  
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Dr. Alaseem has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Mitchell

2. Surname (Last Name)  
Bernstein

3. Date  
24-December-2018

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

5. Manuscript Title  
Acute Thigh Compartment Syndrome Due to an Arterial Injury Following a Blunt Trauma: a Case Report

6. Manuscript Identifying Number (if you know it)

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☐ No

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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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Dr. Bernstein reports personal fees from Nuvasive, personal fees from Smith and Nephew, 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)  
Edward

2. Surname (Last Name)  
Harvey

3. Date  
18-February-2019

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

Corresponding Author’s Name  
Mitchell Bernstein

5. Manuscript Title  
Acute Thigh Compartment Syndrome Due to an Arterial Injury Following a Blunt Trauma: a Case Report

6. Manuscript Identifying Number (if you know it)

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If yes, any relevant conflicts of interest?  
✔ Yes  ☐ No

If yes, please fill out the appropriate information below.

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</tr>
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</tr>
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<tbody>
<tr>
<td>Anas</td>
<td>Nooh</td>
<td>23-December-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- [ ] Yes  
- ✔ No

Corresponding Author’s Name  

Mitchell Bernstein

5. Manuscript Title  

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## Section 1. Identifying Information

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

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

3. **Date**
   - 23-December-2018

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Acute Thigh Compartment Syndrome Due to an Arterial Injury Following a Blunt Trauma: a Case Report

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Wang has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.