ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Monument

3. Date  
   16-October-2019

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Daniel You

5. Manuscript Title  
   Acute Disseminated Intravascular Coagulation Following Prophylactic Nailing of the Femur in a Patient with Metastatic Prostate Cancer

6. Manuscript Identifying Number (if you know it)  
   CC-D-19-00370R1

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

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

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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. Monument has nothing to disclose.

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Duffy
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Duffy

3. Date  
   16-October-2019

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

   Corresponding Author’s Name  
   Daniel You

5. Manuscript Title  
   Acute Disseminated Intravascular Coagulation Following Prophylactic Nailing of the Femur in a Patient with Metastatic Prostate Cancer

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☑ Yes   ☐ No
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Duffy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Kendal

3. Date  
   16-October-2019

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

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

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1. Given Name (First Name)  
Daniel

2. Surname (Last Name)  
You

3. Date  
29-September-2019

4. Are you the corresponding author?  
Yes ☑ No

5. Manuscript Title  
Acute Disseminated Intravascular Coagulation Following Prophylactic Nailing of the Femur in a Patient with Metastatic Prostate Cancer

6. Manuscript Identifying Number (if you know it)  
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Dr. You has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Prism

2. Surname (Last Name)  
   Schneider

3. Date  
   16-October-2019

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

   Corresponding Author's Name  
   Daniel You

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Dr. Schneider has nothing to disclose.

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