ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Utku  

2. Surname (Last Name)  
   Kandemir  

3. Date  
   18-October-2014  

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

   Corresponding Author's Name  
   Saam Morshed  

5. Manuscript Title  
   Planning and executing iliosacral screw fixation for pelvic fractures in the patient with sacral dysmorphism  

6. Manuscript Identifying Number (if you know it)  

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   [ ] Yes  
   ✔ No

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Dr. Kandemir has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Saam

2. **Surname (Last Name)**  
   Morshed

3. **Date**  
   17-October-2014

4. **Are you the corresponding author?**  
   - Yes ✔
   - No

5. **Manuscript Title**  
   Planning and executing iliosacral screw fixation for pelvic fractures in the patient with sacral dysmorphism

6. **Manuscript Identifying Number (if you know it)**

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### 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
- No ✔

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

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- Yes
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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?  
- Yes
- No ✔
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Section 1. Identifying Information

1. Given Name (First Name) Scott
2. Surname (Last Name) Kaiser
3. Date 12-February-2014
4. Are you the corresponding author? ✔ Yes ☐ No

5. Manuscript Title
Planning and executing iliosacral screw fixation for pelvic fractures in the patient with sacral dysmorphism.

6. Manuscript Identifying Number (if you know it) JBJS-D-13-00895R1

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<td>Kevin</td>
<td>Choo</td>
<td>17-October-2014</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Scott Kaiser, MD

5. Manuscript Title
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