ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<td>4. Are you the corresponding author?</td>
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<td>27-March-2015</td>
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</table>

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

Corresponding Author’s Name  
Steffen Ruchholtz

5. Manuscript Title  
The two-incision minimal-invasive (TIMI) method for the treatment of anterior acetabular fractures

6. Manuscript Identifying Number (if you know it)

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Dr. Mand has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Steffen

2. Surname (Last Name)  
   Ruchholtz

3. Date  
   26-March-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Two-incision minimally invasive (TIMI) approach for the treatment of anterior column acetabular fractures

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   Ralf

2. Surname (Last Name)  
   Zettl

3. Date  
   07-April-2015

4. Are you the corresponding author?  
   Yes  ✔  No

5. Manuscript Title  
   Two-incision minimally invasive (TIMI) approach for the treatment of anterior column acetabular fractures

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1. Given Name (First Name) Christian
2. Surname (Last Name) Kühne
3. Date 27-March-2015
4. Are you the corresponding author? [ ] Yes [X] No

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Two-incision minimally invasive (TIMI) approach for the treatment of anterior column acetabular fractures
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**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

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

**Issued:** The patent has been issued by the agency

**Granted:** 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)  Benjamin
2. Surname (Last Name)  Bücking
3. Date  07-April-2015
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Two-incision minimally invasive (TIMI) approach for the treatment of anterior column acetabular fractures
6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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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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