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.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Johannes Dominik
2. Surname (Last Name)  
   Bastian
3. Date  
   03-August-2018
4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No
5. Manuscript Title  
   Open Reduction and Internal Fixation of Acetabular Fractures Using the Modified Stoppa Approach
6. Manuscript Identifying Number (if you know it)  
   ST-D-18-00034R1

## 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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☐ Yes  
✔ No

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✔ No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bastian has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Klaus Arno

2. Surname (Last Name)  
   Siebenrock

3. Date  
   03-August-2018

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

   Corresponding Author’s Name  
   Johannes Dominik Bastian

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

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Section 1. Identifying Information

1. Given Name (First Name)  
Marius Johann Baptist  

2. Surname (Last Name)  
Keel  

3. Date  
03-August-2018  

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

Corresponding Author’s Name  
Johannes Dominik Bastian  

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

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Section 1. Identifying Information

1. Given Name (First Name)  Moritz
2. Surname (Last Name)  Tannast
3. Date  03-August-2018
4. Are you the corresponding author?  Yes ☑ No

5. Manuscript Title
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