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)  
Caitlin

2. Surname (Last Name)  
Krusen

3. Date  
12-April-2018

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

5. Manuscript Title  
Orthopedic Trauma Roundtable: Management of an Acetabular Fracture in a 17 Year-Old Male

6. Manuscript Identifying Number (if you know it)


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Ms. Krusen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dagan
2. Surname (Last Name) Cloutier
3. Date 12-April-2018
4. Are you the corresponding author? Yes
5. Manuscript Title Orthopedic Trauma Roundtable: Management of an Acetabular Fracture in a 17 Year-Old Male
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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

Cloutier
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Mr. Cloutier has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Riehl

3. Date  
   12-April-2018

4. Are you the corresponding author?  
   Yes ☑ No

5. Manuscript Title  
   Orthopedic Trauma Roundtable: Management of an Acetabular Fracture in a 17 Year-Old Male

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Yes ☑ No
If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Riehl reports personal fees from Arthrex, INC, outside the submitted work; .

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<tbody>
<tr>
<td>Keith</td>
<td>Paul</td>
<td>12-April-2018</td>
</tr>
</tbody>
</table>

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

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Mr. Paul has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Joshua
2. Surname (Last Name) Radi
3. Date 12-April-2018
4. Are you the corresponding author? Yes ☐ No ☑
5. Manuscript Title Orthopedic Trauma Roundtable: Management of an Acetabular Fracture in a 17 Year-Old Male

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Dr. Radi has nothing to disclose.

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