ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Definitions.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Born

3. Date  
   14-May-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Disaster Response Management Guidelines for Departments of Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-15-00026

Section 2. The Work Under Consideration for Publication

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Dr. Born 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)  
   Mark

2. Surname (Last Name)  
   Richardson

3. Date  
   02-June-2015

4. Are you the corresponding author?  
   ✔ Yes  No

5. Manuscript Title  
   "Disaster Management Guidelines for Departments of Orthopaedic Surgery"

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-15-00026

Section 2. The Work Under Consideration for Publication

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<tbody>
<tr>
<td>Mark</td>
<td>McAndrew</td>
<td>13-May-2015</td>
</tr>
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</table>

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

5. Manuscript Title
   Disaster Management Guidelines for Departments of Orthopaedic Surgery

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christiaan

2. Surname (Last Name)  
   Mamczak

3. Date  
   12-May-2015

4. Are you the corresponding author?  
   Yes  ☑  No
   Corresponding Author’s Name  
   Christopher Born

5. Manuscript Title  
   Disaster Management Response Guidelines for Departments of Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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Member OTA Disaster Preparedness Committee

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Monchik, MD
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Keith

2. **Surname (Last Name)**
   - Monchik, MD

3. **Date**
   - 03-June-2015

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

5. **Manuscript Title**
   - Disaster Management Guidelines for Departments of Orthopaedic Surgery

6. **Manuscript Identifying Number (if you know it)**
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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- **Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Eric
2. Surname (Last Name) Pagenkopf
3. Date 04-June-2015
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Christopher Born
5. Manuscript Title
   Disaster Management Response Guidelines for Departments of Orthopaedic Surgery
6. Manuscript Identifying Number (if you know it)
   REVIEW-D-15-00026

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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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. Are there any relevant conflicts of interest? ☑ Yes ☐ No
If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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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. Pagenkopf reports personal fees from AO North America, personal fees from Synthes, outside the submitted work.

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Instructions

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1. Identifying information.

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   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - David

2. **Surname (Last Name)**
   - Teague

3. **Date**
   - 11-May-2015

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

   **Corresponding Author’s Name**
   - Christopher Born

5. **Manuscript Title**
   - Disaster Management Guidelines for Departments of Orthopaedic Surgery

6. **Manuscript Identifying Number (if you know it)**
   - REVIEWS-D-15-00026

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Dr. Teague has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Philip

2. Surname (Last Name)  
   Wolinsky

3. Date  
   04-June-2015

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Christopher Born

5. Manuscript Title  
   Disaster Management Response Guidelines for Departments of Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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