ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Brad
2. Surname (Last Name)  Petrisor
3. Date  28-October-2014
4. Are you the corresponding author?  \( \square \) Yes  \( \checkmark \) No
   Corresponding Author’s Name  Yaping Chang
5. Manuscript Title
   Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials
6. Manuscript Identifying Number (if you know it)
   REVIEWS-D-14-00088

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?  \( \square \) Yes  \( \checkmark \) No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  \( \square \) Yes  \( \checkmark \) No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  \( \square \) Yes  \( \checkmark \) No
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Dr. Petrisor has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Melody
2. Surname (Last Name) Ren
3. Date 15-September-2014
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Yaping Chang
5. Manuscript Title
   Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials
6. Manuscript Identifying Number (if you know it)
   REVIEWS-D-13-00091

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. Ren 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)  Sukhmani K
2. Surname (Last Name)  Sodhi
3. Date  27-October-2014
4. Are you the corresponding author?  Yes ☒ No
   Corresponding Author’s Name  Yaping Chang
5. Manuscript Title
   Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials
6. Manuscript Identifying Number (if you know it)
   REVIEWS-D-13-00091

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sodhi has nothing to disclose.

Evaluation and Feedback

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## Identifying Information

1. Given Name (First Name)  
   Reza Donald

2. Surname (Last Name)  
   Mirza

3. Date  
   15-September-2014

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-13-00091

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Dr. Mirza has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gordon H

2. Surname (Last Name)  
   Guyatt

3. Date  
   18-September-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Yaping Chang

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-13-00091

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- **Pending:** The patent has been filed but not issued
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- **Licensed:** 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)  
   Yaping

2. Surname (Last Name)  
   Chang

3. Date  
   08-September-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-13-00091

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?  
   ✔ 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.

Are there any relevant conflicts of interest?  
   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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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.

Ms. Chang has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sean Alexander
2. Surname (Last Name) Kennedy
3. Date 13-September-2014
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Yaping Chang
5. Manuscript Title
   Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☑ No

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Kennedy has nothing to disclose.

Evaluation and Feedback

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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<tr>
<td>2. Surname (Last Name)</td>
<td>Bhandari</td>
</tr>
<tr>
<td>3. Date</td>
<td>07-October-2014</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☐ No ☑</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Yaping Chang</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>REVIEWS-D-13-00091</td>
</tr>
</tbody>
</table>

## 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.

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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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. Bhandari has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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5. Relationships not covered above.

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Identifying information.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Luciane Cruz
2. Surname (Last Name)  Lopes
3. Date  11-September-2014
4. Are you the corresponding author?  No

5. Manuscript Title
   Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials

6. Manuscript Identifying Number (if you know it)
   REVIEWS-D-13-00091

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?  No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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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. Lopes has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cristiane de Cássia
2. Surname (Last Name) Bergamaschi
3. Date 16-September-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title
Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials
6. Manuscript Identifying Number (if you know it)
REVIEWS-D-14-00088

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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Are there any relevant conflicts of interest? ☑ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 5. Relationships not covered above**

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Dr. Bergamaschi has nothing to disclose.

**Evaluation and Feedback**

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## Section 1. Identifying Information

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<tr>
<td>Maria Carolina</td>
<td>Oliveira e Silva</td>
<td>12-September-2014</td>
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| 4. Are you the corresponding author? |  | ✔ No |
|-------------------------------------| |     |

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<th>5. Manuscript Title</th>
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<td>Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials</td>
<td></td>
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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?  |  |
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<td>✔ No</td>
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</table>

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

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Are there any relevant conflicts of interest?  |  |
<table>
<thead>
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<tr>
<td>Yes</td>
<td>✔ No</td>
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</table>

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  |  |
<table>
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Dr. Oliveira e Silva has nothing to disclose.

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Neera</td>
<td>Bhatnagar</td>
<td>24-November-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [Yes] [No]   
Corresponding Author’s Name: Yaping Chang

5. Manuscript Title
Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-13-00091

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Are there any relevant conflicts of interest? [Yes] [No]

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Ms. Bhatnagar has nothing to disclose.

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1. Given Name (First Name)  
S. Mohsen

2. Surname (Last Name)  
Mousavi

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16-September-2014

4. Are you the corresponding author?  
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Corresponding Author’s Name  
Yaping Chang

5. Manuscript Title  
Effects of antibiotic prophylaxis in patients with open fracture: a systematic review of randomized controlled trials

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REVIEWS-D-14-00088

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   Saqib

2. Surname (Last Name)  
   Khurshid

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   19-September-2014

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