ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
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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)  
   Altena

3. Date  
   04-June-2017

4. Are you the corresponding author?  
   Yes ☑ No

Corresponding Author's Name  
D.H.R. Kempen

5. Manuscript Title  
   Neurological outcome after traumatic transverse sacral fractures; An analysis of 521 patients reported in literature.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Yes ☑ No

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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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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 ☑ No

Altena
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Dr. Altena reports other from Synthes fellowship support, other from Anna fonds research grant, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Michel  
2. Surname (Last Name)  
   van den Bekerom  
3. Date  
   04-June-2017  
4. Are you the corresponding author?  
   Yes ✔  
5. Manuscript Title  
   Neurological outcome after traumatic transverse sacral fractures; An analysis of 521 patients reported in literature.  
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Yes ✔  
No

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Yes ✔  
No

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<td>☐</td>
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Yes ☐  
No ✔
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Dr. van den Bekerom reports other from Tornier research grant, other from Smith and Nephew research grant, outside the submitted work;.

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1. Given Name (First Name)  
Diyar

2. Surname (Last Name)  
Delawi

3. Date  
04-June-2017

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

Corresponding Author’s Name  
D.H.R. Kempen

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Dr. Delawi has nothing to disclose.

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1. Given Name (First Name)  
   Diederik

2. Surname (Last Name)  
   Kempen

3. Date  
   04-June-2017

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

5. Manuscript Title  
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<tr>
<td>Moyo</td>
<td>Kruyt</td>
<td>04-June-2017</td>
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4. Are you the corresponding author?  
   ✔ No

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

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Other: Anything not covered under the previous three boxes

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

1. Given Name (First Name)  Cumhur
2. Surname (Last Name)  Oner
3. Date  04-June-2017

4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  D.H.R. Kempen

5. Manuscript Title
   Neurological outcome after traumatic transverse sacral fractures; An analysis of 521 patients reported in literature.

6. Manuscript Identifying Number (if you know it)

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2. Surname (Last Name) Poolman
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5. Manuscript Title
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