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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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) 
   Anna

2. Surname (Last Name) 
   Miller

3. Date 
   02-March-2019

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

   Corresponding Author’s Name 
   Mitchel Obey

5. Manuscript Title 
   Review of Lower Extremity Skeletal Traction in the Orthopaedic Trauma Patient: Indications, Techniques, and Evidence

6. Manuscript Identifying Number (if you know it) 

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Dr. Miller 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)  Christopher
2. Surname (Last Name)  McAndrew
3. Date  02-March-2019
4. Are you the corresponding author?  No

Corresponding Author’s Name  Mitchel Obey

5. Manuscript Title
Review of Lower Extremity Skeletal Traction in the Orthopaedic Trauma Patient: Indications, Techniques, and Evidence

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. McAndrew has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marschall
2. Surname (Last Name) Berkes
3. Date 02-March-2019
4. Are you the corresponding author? ☑ No
   Corresponding Author's Name Mitchel Obey
5. Manuscript Title
   Review of Lower Extremity Skeletal Traction in the Orthopaedic Trauma Patient: Indications, Techniques, and Evidence
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Dr. Berkes has nothing to disclose.

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1. Given Name (First Name)  
   Mitchel

2. Surname (Last Name)  
   Obey

3. Date  
   02-March-2019

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

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