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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Hand
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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

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

3. **Date**
   - 26-January-2020

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Gram-Negative Antibiotic Coverage in Gustilo-Anderson Grade III Open Fractures

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-19-01358

**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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes  
- No
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Dr. Hand has nothing to disclose.

Evaluation and Feedback

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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)  
   Thomas

2. Surname (Last Name)  
   Hand

3. Date  
   25-January-2020

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Boris Zelle

5. Manuscript Title  
   Current Concepts Review: Gram Negative Antibiotic Coverage in Gustilo-Anderson Grade III Open Fractures

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01358

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 1. Identifying Information

1. Given Name (First Name)  Amber
2. Surname (Last Name)  Welborn
3. Date  26-January-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Boris Zelle, MD

5. Manuscript Title  
   Gram-Negative Antibiotic Coverage in Gustilo-Anderson Grade III Open Fractures

6. Manuscript Identifying Number (if you know it)  JBJS-D-19-01358

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Section 1. Identifying Information

1. Given Name (First Name)  Boris
2. Surname (Last Name)  Zelle
3. Date  27-January-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title  Gram-Negative Antibiotic Coverage in Gustilo-Anderson Grade III Open Fractures
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-01358

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If yes, please fill out the appropriate information below.

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