ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author’s Name</td>
<td>Carol Lin</td>
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5. Manuscript Title
   Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis

6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-01229R1

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes ☑ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Are there any relevant conflicts of interest? Yes ☑ No

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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

**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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Dr. Bhandari reports grants from McMaster Surgical Associates, grants from Department of Defense, grants from PCORI, grants from Physician Services Incorporated, during the conduct of the study; personal fees from AgNovos Healthcare, grants and personal fees from Sanofi Aventis, grants and personal fees from Smith & Nephews, personal fees from Stryker, grants from DJ Orthopaedics, outside the submitted work;
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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) Kyle
2. Surname (Last Name) Jeray
3. Date 08-September-2020
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis
6. Manuscript Identifying Number (if you know it)

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
If yes, please fill out the appropriate information below.

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American Board of Orthopaedic Surgery, Inc.: Board or committee member
American Orthopaedic Association: Board or committee member
International Journal of Orthopedic Trauma: Editorial or governing board
Journal of Bone and Joint Surgery - American: Editorial or governing board
Journal of Orthopaedic Trauma: Editorial or governing board
Journal of the American Academy of Orthopaedic Surgeons: Editorial or governing board
Southeastern Fracture Consortium: Board or committee member

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Dr. Jeray reports personal fees from Radius, personal fees from Zimmer, outside the submitted work; and American Board of Orthopaedic Surgery, Inc.: Board or committee member
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Section 1. Identifying Information

1. Given Name (First Name)  Justin Thomas
2. Surname (Last Name)  Fowler
3. Date  15-September-2020

4. Are you the corresponding author?  ✔ No

5. Manuscript Title
Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-01229R1

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Dr. Fowler has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ida Leah
2. Surname (Last Name) Gitajn
3. Date 11-September-2020
4. Are you the corresponding author? ☑ Yes  ❌ No
   Corresponding Author’s Name Carol Lin
5. Manuscript Title Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis
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Dr. Gitajn reports personal fees from Stryker, outside the submitted work.

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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**

1. Given Name (First Name) Jennifer
2. Surname (Last Name) Hagen
3. Date 08-September-2020
4. Are you the corresponding author?  
   - Yes  
   - No ✔

5. Manuscript Title
   Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis

6. Manuscript Identifying Number (if you know it)

**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 ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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Dr. Hagen has nothing to disclose.

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Harris
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Anthony

2. Surname (Last Name)  
   Harris

3. Date  
   08-September-2020

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

   Corresponding Author’s Name  
   Carol Lin

5. Manuscript Title  
   Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Harris 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)  
   Herman

2. Surname (Last Name)  
   Johal

3. Date  
   11-September-2020

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

   Corresponding Author’s Name  
   Carol Lin

5. Manuscript Title  
   Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-01229R1

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Are there any relevant conflicts of interest?  
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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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Dr. Johal 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)  
   manjari

2. Surname (Last Name)  
   Joshi

3. Date  
   09-September-2020

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

   Corresponding Author’s Name  
   Carol Lin

5. Manuscript Title
   Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis

6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-01229R1

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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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Dr. joshi reports grants from DOD, grants from DOD, grants from PCORI, grants from DOD, outside the submitted work.

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<tr>
<td>Carol</td>
<td>Lin</td>
<td>08-September-2020</td>
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4. Are you the corresponding author?  
☐ Yes  ☐ No

5. Manuscript Title  
Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-01229

## Section 2. The Work Under Consideration for Publication

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Dr. Lin 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) Roman
2. Surname (Last Name) Natoli
3. Date 07-September-2020
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Carol Lin
5. Manuscript Title
   Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis
6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-01229R1

**Section 2. The Work Under Consideration for Publication**

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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

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Dr. Natoli 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)  
   Nathan
2. Surname (Last Name)  
   O’Hara
3. Date  
   08-September-2020
4. Are you the corresponding author?  
   Yes
5. Manuscript Title  
   Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   Yes

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Are there any relevant conflicts of interest?  
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If yes, please fill out the appropriate information below.

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Mr. O'Hara reports grants from Patient-Centered Outcomes Research Institute, grants from US Department of Defense, during the conduct of the study; other from Arbutus Medical Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   O’Toole

3. Date  
   15-September-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Carol Lin

5. Manuscript Title  
   Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Kevin
2. Surname (Last Name) Phelps
3. Date 10-September-2020
4. Are you the corresponding author? ☑️ No
   Corresponding Author’s Name Carol Lin
5. Manuscript Title Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis
6. Manuscript Identifying Number (if you know it) JBJS-D-20-01229R1

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Section 1. Identifying Information

1. Given Name (First Name)  Holly
2. Surname (Last Name)  Pilson
3. Date  10-September-2020
4. Are you the corresponding author?  Yes  ✔ No
Corresponding Author’s Name  Carol Lin
5. Manuscript Title
Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis
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Dr. Pilson 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)  
Gerard

2. Surname (Last Name)  
Slobogean

3. Date  
12-September-2020

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

5. Manuscript Title  
Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis

6. Manuscript Identifying Number (if you know it)

**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 ☑

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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**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?  
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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Dr. Slobogean reports grants from PCORI, during the conduct of the study.

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

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.

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)  
   Sheila

2. Surname (Last Name)  
   Sprague

3. Date  
   11-September-2020

4. Are you the corresponding author?  
   Yes ☑  No

   Corresponding Author’s Name  
   Carol Lin

5. Manuscript Title  
   Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-01229R1

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  ✔ No

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Dr. Sprague reports grants from Department of Defense, grants from McMaster Surgical Associates, grants from PCORI, grants from Physician Services Incorporated, during the conduct of the study; personal fees from Global Research Solutions, outside the submitted work.

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)  Stephen
2. Surname (Last Name)  Warner
3. Date  10-September-2020
4. Are you the corresponding author?  Yes  No  ✔
Corresponding Author’s Name  Carol Lin
5. Manuscript Title  Low Adherence to Recommended Guidelines for Open Fracture Antibiotic Prophylaxis
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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