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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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)  
Heather

2. Surname (Last Name)  
Vallier

3. Date  
19-October-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Mai P. Nguyen

5. Manuscript Title  
Management of Civilian Low Velocity Gunshot Extremity Injuries

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-01544

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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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Vallier reports grants from DOD, grants from PCORI, 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)  
   Justin

2. Surname (Last Name)  
   Jabara

3. Date  
   18-October-2020

4. Are you the corresponding author?  
   Yes  ✔ No

Corresponding Author’s Name  
Mai P. Nguyen

5. Manuscript Title  
   Management of Civilian Low Velocity Gunshot Extremity Injuries

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Are there any relevant conflicts of interest?  
Yes  ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Jabara has nothing to disclose.

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Nguyen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Mai
2. Surname (Last Name)  Nguyen
3. Date  17-October-2020
4. Are you the corresponding author?  ✔ Yes  ❌ No
5. Manuscript Title
Management of Civilian Low Velocity Gunshot Extremity Injuries
6. Manuscript Identifying Number (if you know it)
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COTA Board Member (non financial), OTA Classification and Outcome Committee (non financial), OTA Publication Committee (non financial)

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Dr. Nguyen reports personal fees from AO North America, outside the submitted work; and COTA Board Member (non financial), OTA Classification and Outcome Committee (non financial), OTA Publication Committee (non financial).

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Section 1. Identifying Information

1. Given Name (First Name)  
   Nicholas

2. Surname (Last Name)  
   Gannon

3. Date  
   18-October-2020

4. Are you the corresponding author?  
   ☑️ No

   Corresponding Author’s Name  
   Mai P. Nguyen

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Dr. Gannon has nothing to disclose.

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