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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  
Tim  
2. Surname (Last Name)  
Bray  
3. Date  
06-October-2020  
4. Are you the corresponding author?  
✓ Yes  
☐ No  
5. Manuscript Title  
Northern Nevada Trauma System 1994-2020  
6. Manuscript Identifying Number (if you know it)  
jbjs-d-20-01462r1

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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<td>orthopaedic implant Company (OIC)</td>
<td>☐</td>
<td>☐</td>
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Dr. Bray reports other from orthopaedic implant Company (OIC), outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Timothy
2. Surname (Last Name) O’Mara
3. Date 06-October-2020
4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Timothy Bray

5. Manuscript Title
Northern Nevada Trauma System 1994-2020

6. Manuscript Identifying Number (if you know it)
jbjs-d-20-01462r1

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.)?

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Section 1. Identifying Information

1. Given Name (First Name)  David
2. Surname (Last Name)  Swanson
3. Date  06-October-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-01462R1

Section 2. The Work Under Consideration for Publication

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Swanson

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Dr. Swanson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Justin
2. Surname (Last Name) Walker
3. Date 06-October-2020
4. Are you the corresponding author? ☐ Yes ☑ No
5. Manuscript Title Northern Nevada Trauma System 1994-2020
6. Manuscript Identifying Number (if you know it) jbjs-d-20-01462r1

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