

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Galos

3. Date  
03-June-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Bilateral Acetabular Fractures Associated with Seizures: A Report of two Cases

6. Manuscript Identifying Number (if you know it)  
C-D-19-00190

### 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

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Dr. Galos 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)

Erik

2. Surname (Last Name)

Stapleton

3. Date

03-June-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

David Galos, MD

5. Manuscript Title

Bilateral Acetabular Fractures Associated with Seizures: A Report of two Cases

6. Manuscript Identifying Number (if you know it)

C-D-19-00190

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Dr. Stapleton has nothing to disclose.

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1. Given Name (First Name)  
Korey

2. Surname (Last Name)  
Yngstrom

3. Date  
03-June-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
David Galos, MD

5. Manuscript Title  
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Zachary

2. Surname (Last Name)  
Aberman

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03-June-2019

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Yes  No

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Dr. Aberman has nothing to disclose.

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