

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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4. Intellectual Property.

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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) Michael	2. Surname (Last Name) Monument	3. Date 16-October-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Daniel You
5. Manuscript Title Acute Disseminated Intravascular Coagulation Following Prophylactic Nailing of the Femur in a Patient with Metastatic Prostate Cancer		
6. Manuscript Identifying Number (if you know it) CC-D-19-00370R1		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Monument 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) Paul	2. Surname (Last Name) Duffy	3. Date 16-October-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Daniel You
5. Manuscript Title Acute Disseminated Intravascular Coagulation Following Prophylactic Nailing of the Femur in a Patient with Metastatic Prostate Cancer		
6. Manuscript Identifying Number (if you know it) CC-D-19-00370R1		

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Dr. Duffy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joseph

2. Surname (Last Name)

Kendal

3. Date

16-October-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Daniel You

5. Manuscript Title

Acute Disseminated Intravascular Coagulation Following Prophylactic Nailing of the Femur in a Patient with Metastatic Prostate Cancer

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CC-D-19-00370R1

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Dr. Kendal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
You

3. Date
29-September-2019

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

5. Manuscript Title
Acute Disseminated Intravascular Coagulation Following Prophylactic Nailing of the Femur in a Patient with Metastatic Prostate Cancer

6. Manuscript Identifying Number (if you know it)
CC-D-19-00370R1

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Dr. You has nothing to disclose.

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Prism

2. Surname (Last Name)
Schneider

3. Date
16-October-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Daniel You

5. Manuscript Title
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Dr. Schneider has nothing to disclose.

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