

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.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities 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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Kyle

2. Surname (Last Name)
Achors

3. Date
14-February-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Ureteral Entrapment in an associated anterior column and posterior hemitransverse acetabular fracture

6. Manuscript Identifying Number (if you know it)
CCD1800472

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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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)

Adil

2. Surname (Last Name)

Ahmed

3. Date

13-February-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Ureteral Entrapment in an Associated Anterior Column and Posterior Hemitransverse Acetabular Fracture

6. Manuscript Identifying Number (if you know it)

CC-D-18-00472

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Dr. Ahmed 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) Joseph	2. Surname (Last Name) Christensen	3. Date 17-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adil Ahmed
5. Manuscript Title Ureteral Entrapment in an Associated Anterior Column and Posterior Hemitransverse Acetabular Fracture		
6. Manuscript Identifying Number (if you know it) CC-D-18-00472		

Section 2. The Work Under Consideration for Publication

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Dr. Christensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Hassan

2. Surname (Last Name)
Mir

3. Date
17-February-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adil Ahmed

5. Manuscript Title
Ureteral Entrapment in an Associated Anterior Column and Posterior Hemitransverse Acetabular Fracture

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abyrx: Paid consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AAOS BOS Representative from OTA: Board or committee member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
AAOS Healthcare Systems Committee: Board or committee member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
ACS Committee on Trauma: Board or committee member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
AO Trauma North America: Research support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AOA Leadership / Fellowship Committee: Board or committee member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Core Orthopaedics: Stock or stock Options	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOT Board of Directors: Board or committee member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
FOT Membership Committee Chair: Board or committee member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
JAAOS Consultant Reviewer: Editorial or governing board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
JBJS Consultant Reviewer: Editorial or governing board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
Journal of Orthopaedic Trauma Associate Editor: Editorial or governing board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
OrthoGrid: Stock or stock Options	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OsteoSynthesis, The JOT Online Discussion Forum Editor: Editorial or governing board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
OTA Education Committee: Board or committee member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
OTA International Digital Editor: Editorial or governing board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-financial
Smith & Nephew: Paid consultant; Research support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stabiliz Orthopaedics: Stock or stock Options	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trice Medical: Paid consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer: Paid consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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