

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Utku	2. Surname (Last Name) Kandemir	3. Date 18-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Saam Morshed
5. Manuscript Title Planning and executing iliosacral screw fixation for pelvic fractures in the patient with sacral dysmorphism		
6. Manuscript Identifying Number (if you know it)		

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Dr. Kandemir has nothing to disclose.

### 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)  
Saam

2. Surname (Last Name)  
Morshed

3. Date  
17-October-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Planning and executing iliosacral screw fixation for pelvic fractures in the patient with sacral dysmorphism

6. Manuscript Identifying Number (if you know it)

### Section 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)  
Scott

2. Surname (Last Name)  
Kaiser

3. Date  
12-February-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Planning and executing iliosacral screw fixation for pelvic fractures in the patient with sacral dysmorphism.

6. Manuscript Identifying Number (if you know it)  
JBJS-D-13-00895R1

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Dr. Kaiser has nothing to disclose.

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1. Given Name (First Name) Kevin	2. Surname (Last Name) Choo	3. Date 17-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Scott Kaiser, MD
5. Manuscript Title Planning and executing iliosacral screw fixation for pelvic fractures in the patient with sacral dysmorphism.		
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