

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.

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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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)
Peter

2. Surname (Last Name)
Cole

3. Date
05-November-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Pelvic Bridge: A Subcutaneous Approach to Achieve Anterior Pelvic Fixation

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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
DepuySynthes, Stryker, AORF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to Institution for Research
COTA, AONA, OMeGA, OREF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to Institution for Education
Stryker, Zimmer, Acumed, DepuySynthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to Institution for Education
AO Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking Honoraria
BoneFoams, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ownership/Stock

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cole reports grants from DepuySynthes, Stryker, AORF, grants from COTA, AONA, OMeGA, OREF, grants from Stryker, Zimmer, Acumed, DepuySynthes, personal fees from AO Foundation, other from BoneFoams, Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Evgeny	2. Surname (Last Name) Dyskin	3. Date 05-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter Cole, MD
5. Manuscript Title The Pelvic Bridge: A Subcutaneous Approach to Achieve Anterior Pelvic Fixation		
6. Manuscript Identifying Number (if you know it)		

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Dyskin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Hesse	3. Date 05-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Peter Cole
5. Manuscript Title The Pelvic Bridge: A Subcutaneous Approach to Achieve Anterior Pelvic Fixation		
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Dr. Hesse has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Anthony	2. Surname (Last Name) Dugarte	3. Date 04-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter A Cole, MD
5. Manuscript Title The Pelvic Bridge: A Subcutaneous Approach to Achieve Anterior Pelvic Fixation		
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