

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Ivan

2. Surname (Last Name)

Puente

3. Date

15-May-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Alexander A Fokin M.D., PhD.

5. Manuscript Title

Surgical Stabilization of Rib Fractures. Indications, Techniques, Pitfalls.

6. Manuscript Identifying Number (if you know it)

ST-D-19-00005

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Dr. Puente has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joanna

2. Surname (Last Name)

Wycech

3. Date

15-May-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Alexander A Fokin M.D., PhD.

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

ST-D-19-00005

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Joanna Wycech, MS, has nothing to disclose.

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1. Given Name (First Name)
Eugenio

2. Surname (Last Name)
Rodriguez

3. Date
15-May-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Alexander A Fokin, M.D., PhD.

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Rodriguez has nothing to disclose.

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1. Given Name (First Name) Nir	2. Surname (Last Name) Hus	3. Date 15-May-2019
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Alexander A Fokin M.D., PhD.
5. Manuscript Title Surgical Stabilization of Rib Fractures. Indications, Techniques, Pitfalls.		
6. Manuscript Identifying Number (if you know it) ST-D-19-00005		

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DuPuy Synthes	☐	☒	☐	☐	
AtriCure	☐	☒	☐	☐	
ACell	☐	☒	☐	☐	

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Dr. Hus reports personal fees from DuPuy Synthes, personal fees from AtriCure, and personal fees from ACell outside the submitted work .

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Alexander A

2. Surname (Last Name)
Fokin

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15-May-2019

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