

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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)
Christopher

2. Surname (Last Name)
Born

3. Date
14-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Disaster Response Management Guidelines for Departments of Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-15-00026

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 6. Disclosure Statement

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Dr. Born 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)
Mark

2. Surname (Last Name)
Richardson

3. Date
02-June-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
" Disaster Management Guidelines for Departments of Orthopaedic Surgery"

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-15-00026

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) McAndrew	3. Date 13-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chris Born, M.D.
5. Manuscript Title Disaster Management Guidelines for Departments of Orthopaedic Surgery		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-15-00026		

Section 2. The Work Under Consideration for Publication

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Dr. McAndrew 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) Christiaan

2. Surname (Last Name) Mamczak

3. Date 12-May-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name Christopher Born

5. Manuscript Title Disaster Management Response Guidelines for Departments of Orthopaedic Surgery

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

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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
Smith and Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Springer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Publishing Royalties

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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Member OTA Disaster Preparedness Committee

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Dr. Mamczak reports other from Smith and Nephew, other from Springer, outside the submitted work; and Member OTA Disaster Preparedness Committee.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Keith

2. Surname (Last Name)
Monchik, MD

3. Date
03-June-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christopher Born, MD

5. Manuscript Title
Disaster Management Guidelines for Departments of Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)
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Dr. Monchik, MD has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Pagenkopf

3. Date
04-June-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Christopher Born

5. Manuscript Title
Disaster Management Response Guidelines for Departments of Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-15-00026

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Are there any relevant conflicts of interest? Yes No

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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
AO North America	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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Dr. Pagenkopf reports personal fees from AO North America, personal fees from Synthes, outside the submitted work; .

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1. Given Name (First Name) David	2. Surname (Last Name) Teague	3. Date 11-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christopher Born
5. Manuscript Title Disaster Management Guidelines for Departments of Orthopaedic Surgery		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-15-00026		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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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Dr. Teague has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Philip	2. Surname (Last Name) Wolinsky	3. Date 04-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christopher Born
5. Manuscript Title Disaster Management Response Guidelines for Departments of Orthopaedic Surgery		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-15-00026		

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Are there any relevant conflicts of interest? Yes No

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