ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. **Identifying information.**

2. **The work under consideration for publication.**
   
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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Samuel
2. Surname (Last Name) Rosas
3. Date 11-September-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title
Cost of Care for Non-Fatal Orthopedic Injuries Caused by Gunshot
6. Manuscript Identifying Number (if you know it)
ATM-20-1064-R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ No

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Dr. Rosas 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) Chukwuweike
2. Surname (Last Name) Gwam
3. Date 11-September-2020

4. Are you the corresponding author? ☐ Yes ☑ No

 Corresponding Author’s Name
Johannes F. Plate

5. Manuscript Title
Cost of Care for Non-Fatal Orthopedic Injuries Caused by Gunshot

6. Manuscript Identifying Number (if you know it)
ATM-20-1064-R1

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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

Dr. Gwam has nothing to disclose.

**Evaluation and Feedback**

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Araiza
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Edgar
2. Surname (Last Name)  Araiza
3. Date  11-September-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Johannes F. Plate

5. Manuscript Title  Cost of Care for Non-Fatal Orthopedic Injuries Caused by Gunshot
6. Manuscript Identifying Number (if you know it)  ATM-20-1064-R1

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

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Dr. Araiza has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   Roche

3. Date  
   11-September-2020

4. Are you the corresponding author?  
   ✔ Yes  ❏ No

5. Manuscript Title  
   Cost of Care for Non-Fatal Orthopedic Injuries Caused by Gunshot

6. Manuscript Identifying Number (if you know it)  
   ATM-20-1064-R1

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Dr. Roche reports personal fees from Mako stryker, other from CMO orthosensor, other from mako-stryker, Orthosensor, other from makosurgical-stryker, other from Orthosensor, other from Smith & Nephew, outside the submitted work.

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   Cynthia

2. Surname (Last Name)  
   Emory

3. Date  
   11-September-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

□ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

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Dr. Emory reports other from AAOS, other from AAOS Now, other from American Orthopaedic Association, other from Eastern Orthopaedic Association, other from Heron Therapeutics, other from Musculoskeletal Tumor Society, other from Ruth Jackson Orthopaedic Society, other from Southern Orthopaedic Association, outside the submitted work; .

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)  
   Eben

2. Surname (Last Name)  
   Carroll

3. Date  
   11-September-2020

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Johannes F. Plate

5. Manuscript Title  
   Cost of Care for Non-Fatal Orthopedic Injuries Caused by Gunshot

6. Manuscript Identifying Number (if you know it)  
   ATM-20-1064-R1

**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?  
   ✔ 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.

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Carroll
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Dr. Carroll reports personal fees and other from AO Foundation, personal fees and other from AO North America, personal fees and other from DePuy, A Johnson & Johnson Company, personal fees and other from Globus Medical, other from Orthopaedic Trauma Association, personal fees and other from Smith & Nephew, personal fees and other from Synthes, outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Jason

2. Surname (Last Name)  
   Halvorson

3. Date  
   11-September-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Cost of Care for Non-Fatal Orthopedic Injuries Caused by Gunshot

6. Manuscript Identifying Number (if you know it)  
   ATM-20-1064-R1

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   Johannes

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   Plate

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Dr. Plate has nothing to disclose.

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