

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stephanie

2. Surname (Last Name)
Savage

3. Date
17-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Insights into the Association Between Coagulopathy and Inflammation: Abnormal Clot Mechanics Are A Warning of Immunologic Dysregulation Following Major Injury

6. Manuscript Identifying Number (if you know it)
ATM-20-3651-R1

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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Dr. Savage has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ben

2. Surname (Last Name)
Zarzaur

3. Date
14-September-2020

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

5. Manuscript Title
Insights into the Association Between Coagulopathy and Inflammation: Abnormal Clot Mechanics Are A Warning of Immunologic Dysregulation Following Major Injury

6. Manuscript Identifying Number (if you know it)

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Dr. Zarzaur has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Greg	2. Surname (Last Name) Gaski	3. Date 14-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephanie Savage
5. Manuscript Title Insights into the Association Between Coagulopathy and Inflammation: Abnormal Clot Mechanics Are A Warning of Immunologic Dysregulation Following Major Injury		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tyler	2. Surname (Last Name) McCarroll	3. Date 10-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephanie Savage
5. Manuscript Title Insights into the Association Between Coagulopathy and Inflammation: Abnormal Clot Mechanics Are A Warning of Immunologic Dysregulation Following Major Injury		
6. Manuscript Identifying Number (if you know it) ATM-20-3651-R2		

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Section 1. Identifying Information

1. Given Name (First Name) Ruben	2. Surname (Last Name) Zamora	3. Date 15-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Insights into the Association Between Coagulopathy and Inflammation: Abnormal Clot Mechanics Are A Warning of Immunologic Dysregulation Following Major Injury		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rami

2. Surname (Last Name)
Namas

3. Date
14-September-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
STEPHANIE A SAVAGE

5. Manuscript Title
Insights into the Association Between Coagulopathy and Inflammation: Abnormal Clot Mechanics Are A Warning of Immunologic Dysregulation Following Major Injury

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. Namas 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)
Yoram

2. Surname (Last Name)
Vodovotz

3. Date
14-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Stephanie Savage

5. Manuscript Title
Insights into the Association Between Coagulopathy and Inflammation: Abnormal Clot Mechanics Are A Warning of Immunologic Dysregulation Following Major Injury

6. Manuscript Identifying Number (if you know it)
ATM-20-3651-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? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Indiana University internal funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indiana University internal funds were used to support biomarker assays at the University of Pittsburgh

Section 3. Relevant financial activities outside the submitted work.

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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
Immunetrics, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I am a co-founder of, and stakeholder in, Immunetrics, Inc.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Vodovotz reports grants from Indiana University internal funds, during the conduct of the study; other from Immunetrics, Inc., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rachael

2. Surname (Last Name)
Callcut

3. Date
15-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Stephanie Savage

5. Manuscript Title
Insights into the Association Between Coagulopathy and Inflammation: Abnormal Clot Mechanics Are A Warning of Immunologic Dysregulation Following Major Injury

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Callcut reports grants from NIH, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Timothy

2. Surname (Last Name)

Billiar

3. Date

14-September-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Insights into the Association Between Coagulopathy and Inflammation: Abnormal Clot Mechanics Are A Warning of Immunologic Dysregulation Following Major Injury

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Dr. Billiar 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) todd

2. Surname (Last Name) mckinley

3. Date 16-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name stephanie savage

5. Manuscript Title Insights into the Association Between Coagulopathy and Inflammation: Abnormal Clot Mechanics Are A Warning of Immunologic Dysregulation Following Major Injury

6. Manuscript Identifying Number (if you know it) ATM-20-3651-R1

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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
Innomed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	royalties on a surgical retractor

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. mckinley reports personal fees from Innomed, outside the submitted work; .

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