

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Arlene

2. Surname (Last Name)

Weir

3. Date

16-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Arlene Weir

5. Manuscript Title

Endovascular Management of Pelvic Trauma

6. Manuscript Identifying Number (if you know it)

ATM-20-4591

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Weir has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Padraic	2. Surname (Last Name) Kennedy	3. Date 16-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arlene Weir
5. Manuscript Title Endovascular Management of Pelvic Trauma		
6. Manuscript Identifying Number (if you know it) ATM-20-4591		

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. Kennedy 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) Stella	2. Surname (Last Name) Joyce	3. Date 16-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arlene Weir
5. Manuscript Title Endovascular Management of Pelvic Trauma		
6. Manuscript Identifying Number (if you know it) ATM-20-4591		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Joyce has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

David

2. Surname (Last Name)

Ryan

3. Date

16-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Arlene Weir

5. Manuscript Title

Endovascular Management of Pelvic Trauma

6. Manuscript Identifying Number (if you know it)

ATM-20-4591

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Dr. Ryan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Liam

2. Surname (Last Name)

Spence

3. Date

16-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Arlene Weir

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) McEntee	3. Date 16-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arlene Weir
5. Manuscript Title Endovascular Management of Pelvic Trauma		
6. Manuscript Identifying Number (if you know it) ATM-20-4591		

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.)?

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Maher	3. Date 16-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arlene Weir
5. Manuscript Title Endovascular Management of Pelvic Trauma		
6. Manuscript Identifying Number (if you know it) ATM-20-4591		

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Section 1. Identifying Information

1. Given Name (First Name)

Owen

2. Surname (Last Name)

O'Connor

3. Date

16-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Arlene Weir

5. Manuscript Title

Endovascular Management of Pelvic Trauma

6. Manuscript Identifying Number (if you know it)

ATM-20-4591

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