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*First Name and Middle Initial(s)	*Last Name	*Suffix (eg, Jr, III)	Academic Degrees	Institution	Location (city, state/province, country)	Role or Contribution, eg, chair, principal investigator	Group (if more than 1 Group listed in the byline) and/or Subgroup (eg, Steering Committee)
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Jeffrey	Wells			Trauma Survivors Network	Falls Church, Virginia	Patient Representative	Executive Committee
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