

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Dominique Lisa

2. Surname (Last Name)
Birrerr

3. Date
17-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Penetrating Chest Trauma

6. Manuscript Identifying Number (if you know it)
JOVS-2019-CWT-03

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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Section 6. Disclosure Statement

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Dr. Dominique Lisa Birrer 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) Sorin	2. Surname (Last Name) Edu	3. Date 17-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Dominique Lisa Birrer
5. Manuscript Title Penetrating chest trauma		
6. Manuscript Identifying Number (if you know it) JOVS-2019-CWT-03		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)

Andrew

2. Surname (Last Name)

Nicols

3. Date

17-October-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dr. Dominique Lisa Birrer

5. Manuscript Title

Penetrating chest trauma

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Dr. Andrew Nicols has nothing to disclose

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Dominique Birrer

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria
Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria

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Dr. Neuhaus reports personal fees from Stryker, personal fees from Synthes, outside the submitted work; .

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