

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.

Identifying information.

The work under consideration for publication.

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Relevant financial activities outside the submitted work.

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Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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earning royalties or not

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patent

Kimata 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	Given Name (First Name) Anna		2. Surname (Last Name) Kimata		3. Date 10-February-2021
4. Are you the corresponding author?		✓ Yes	No		
5. Manuscript Title Generalizability of Pediatric Major Trauma Experience to Severe Pediatric Traumatic Brain Injury at Level 1 and 2 Trauma Centers					
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	activitie	s outside the sub	omitted 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 Vo					
Section 4.					
Section 4.	Intellectual Proper	ty Pate	ents & Copyright	ts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Kimata 2



Section 5. Polationships not solvered above				
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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?				
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.				
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. Kimata has nothing to disclose.				

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Tang 1



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5. Manuscript Title Generalizability of Pediatric Major Trauma Experience to Severe Pediatric Traumatic Brain Injury at Level 1 and 2 Trauma Centers				
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Asaad 1



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1. Given Name (First Wael	, ,	2. Surname (L Asaad	.ast Name)			3. Date 10-Februa	ry-2021	
4. Are you the corre	responding author? Yes		✓ No Corresponding Au Anna Kimata		_	or's Name		
Centers	Pediatric Major Traur	· 	to Severe P	ediatric Trau	ımatic Bra	ain Injury at Level	1 and 2 Trauma	
6. Manuscript Identi	ifying Number (if you kn	ow it)		_				
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	vant conflicts of intere	est? Yes	No					
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Place a check in th	e appropriate boxes i with entities as descri -" box. You should rep	n the table to i bed in the inst	ndicate whe	ether you ha	ave financ or each er	ntity; add as many	lines as you nee	d by
Are there any relev	vant conflicts of interest t the appropriate info	est? ✓ Yes	No		-	•	·	
Name of Entity		Grant? Per	rsonal Nor	n-Financial	Other?	Comments		
/ivonics Inc.		✓				IPASS Trial Site-PI		
Biogen Inc.		✓				ASTRAL Trial Site-P	Pl	
Section 4.	ntellectual Proper	ty Patents	& Copyrig	jhts				
Do you have any p	patents, whether plani	ned, pending o	or issued, br	oadly releva	nt to the	work? Yes	✓ No	

Asaad 2



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Dr. Asaad report	s grants from Vivonics Inc., grants from Biogen Inc., outside the submitted work; .			

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