

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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) Shun	2. Surname (Last Name) Xu	3. Date 26-January-2021
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Yongjing Liu
5. Manuscript Title Surgical treatment of sternum comminuted fracture with Memory alloy embracing fixator		
6. Manuscript Identifying Number (if you know it) JTD-20-3603		

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the State Key Laboratory of Trauma, Burn and Compound injury of Army Military Medical University.	☒	☐	☐	☐	

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1. Given Name (First Name) Jie	2. Surname (Last Name) Zhu	3. Date 26-January-2021
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Yongjing Liu
5. Manuscript Title Surgical treatment of sternum comminuted fracture with Memory alloy embracing fixator		
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1. Given Name (First Name) Qi	2. Surname (Last Name) Yu	3. Date 26-January-2021
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1. Given Name (First Name) Leilei	2. Surname (Last Name) Peng	3. Date 26-January-2021
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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) Shengbo	2. Surname (Last Name) Qi	3. Date 26-January-2021
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Yongjing Liu
5. Manuscript Title Surgical treatment of sternum comminuted fracture with Memory alloy embracing fixator		
6. Manuscript Identifying Number (if you know it) JTD-20-3603		

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
the State Key Laboratory of Trauma, Burn and Compound injury of Army Military Medical University	☒	☐	☐	☐	

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Qi reports grants from the State Key Laboratory of Trauma, Burn and Compound injury of Army Military Medical University, during the conduct of the study; .

Evaluation and Feedback

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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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1. Given Name (First Name) Hao	2. Surname (Last Name) Han	3. Date 26-January-2021
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1. Given Name (First Name) Yongjing	2. Surname (Last Name) Liu	3. Date 26-January-2021
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