

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.

2. The work under consideration for publication.

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

Rutks 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Indulis	rst Name)	2. Surname (Last Name) Rutks	3. Date 13-August-2013	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Nancy Greer, PhD	
5. Manuscript Title Advanced Woun		on-Healing Diabetic, Veno	us, and Arterial Ulcers: A Systematic Review	
6. Manuscript Ider M13-1027	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
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	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.	
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Rutks 2



Section 5. Relationships 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ 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 statement 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.
Mr. Rutks has nothing to disclose.

Evaluation and Feedback

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

Dorrian 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) James	2. Surname (Last Name) Dorrian	3. Date 14-August-20	13	
4. Are you the corresponding author?	4. Are you the corresponding author? Yes ✓ No			
5. Manuscript Title Advanced Wound Care Therapies for No	on-Healing Diabetic, Veno	us, and Arterial Ulcers: A Systematic Reviev	N	
6. Manuscript Identifying Number (if you kr M13-1027	now it)			
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Do you have any patents, whether plan			′ No	

Dorrian 2



Section 5. Rolatio	
Relation 3.	onships not covered above
	ps or activities that readers could perceive to have influenced, or that give the appearance of nat you wrote in the submitted work?
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	acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements ask authors to disclose further information about reported relationships.
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Dr. Dorrian has nothing to	disclose.

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Wilt 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Timothy	2. Surname (Last Name) Wilt	3. Date 20-August-2013		
4. Are you the corresponding author? Yes No				
5. Manuscript Title Advanced Wound Care Therapies for N	Ion-Healing Diabetic, Venous, and Arterial Ulcers: A S	ystematic Review		
6. Manuscript Identifying Number (if you k M13-1027	now it)			
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Wilt 2



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Fitzgerald 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Patrick	2. Surname (Last Name) Fitzgerald	3. Date 15-August-2013		
		Corresponding Author's Name Timothy Wilt		
5. Manuscript Title Advanced Wound Care Therapies for N	on-Healing Diabetic, Veno	us, and Arterial Ulcers: A Systematic Review		
6. Manuscript Identifying Number (if you kr M13-1027	now it)			
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Fitzgerald 2



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any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not limited to gra			commercial, private foundation, etc.) for design, manuscript preparation,
•	evant conflicts of intere		No .		
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.					
Name of Institut	ion/Company	Grant? Persona	Non-Financial Support?	Other?	Comments
Department of Vetera	ans Affairs			rev the par	e manuscript was based on a view completed under contract to e Department of Veterans Affairs as rt of the VA Evidence-based on thesis Program
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Greer 2



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Dr. Greer reports work completed under contract with Department of Veterans Affairs as part of VA Evidence-based Synthesis Program (ESP); .

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

MacDonald 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) 2. Surname (L Roderick MacDonald		2. Surname (Last Name) MacDonald	3. Date 13-August-2013	
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Nancy Greer	
5. Manuscript Title Advanced Woun		on-Healing Diabetic, Veno	us, and Arterial Ulcers: A Systematic Review	
6. Manuscript Ider M13-1027	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	cation	
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 Volume				
Section 3.	Polovant financial	activities outside the s	whmitted work	
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	n the table to indicate wh bed in the instructions. Us port relationships that we	ether you have financial relationships (regardless se one line for each entity; add as many lines as your present during the 36 months prior to public	ou need by
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any			oadly relevant to the work? Yes V No	

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Section 5. Relationships not solvered above
Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ 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.

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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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.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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 Infor	mation	
1. Given Name (First Name) Neal	2. Surname (Last Name) Foman	3. Date 20-August-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Nancy Greer, PhD
5. Manuscript Title Advanced Wound Care Therapies for I	Non-Healing Diabetic, Veno	us, and Arterial Ulcers: A Systematic Review
6. Manuscript Identifying Number (if you M13-1027	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 activities outside the submitted 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. Intellectual Prope	erty Patents & Copyric	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo		

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Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Dr. Foman 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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