

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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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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### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Theodore  | 2. Surname (Last Name)<br>Corbin                                    | 3. Date<br>07-May-2015                               |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Jonathan Purtle, DrPH |
| 5. Manuscript Title<br>Now is the time: Toward a new standard of care for violently injured patients" |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>M15-0586   |   |  |

### 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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### Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Corbin 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)

Joel

2. Surname (Last Name)

Fein

3. Date

06-May-2015

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jonathan Purtle

5. Manuscript Title

Now is the time Toward a new standard of care for violently injured patients

6. Manuscript Identifying Number (if you know it)

M15-0586

### Section 2. The Work Under Consideration for Publication

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Dr. Fein has nothing to disclose.

### Evaluation and Feedback

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>John   | 2. Surname (Last Name)<br>Rich                                      | 3. Date<br>09-May-2015                               |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Jonathan Purtle, DrPH |
| 5. Manuscript Title<br>Now is the time: Toward a new standard of care for violently injured patients |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>M15-0586  |   |  |

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### Section 1. Identifying Information

|  |   |                             |
|--|---|-----------------------------|
| 1. Given Name (First Name)<br>Thea   | 2. Surname (Last Name)<br>James                                     | 3. Date<br>14-July-2015     |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name |
| 5. Manuscript Title<br>"Hospital-based violence prevention: Practical guidance and policy opportunities" |   |                             |
| 6. Manuscript Identifying Number (if you know it)<br>M15-0586  |   |                             |

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Dr. James has nothing to disclose.

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1. Given Name (First Name)  
Jonathan

2. Surname (Last Name)  
Purtle

3. Date  
15-July-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Hospital-based violence prevention: Practical guidance and policy opportunities

6. Manuscript Identifying Number (if you know it)  
M15-0586

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