

Instructions

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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

Simonetti 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Joseph	2. Surname (Last Name) Simonetti	3. Date 08-August-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Ali Rowhani-Rahbar
5. Manuscript Title Dual Observational Investigation of Vic	olence Perpetration and Fire	earm Injury Hospitalization in Youth: Role of Injury Intent
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	ribed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Prope	rty Patents & Copyrig	hts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Simonetti 2



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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. Simonetti has nothing to disclose.

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Simonetti 3



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Lyons

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1

administrative support, etc.



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Vivian	2. Surname (Last Name) Lyons	3. Date 08-August-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Ali Rowhani-Rahbar
5. Manuscript Title Dual Observational Investigation of Vid	olence Perpetration and Fir	rearm Injury Hospitalization in Youth: Role of Injury Intent
6. Manuscript Identifying Number (if you k M16-1596	now it)	
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Lyons 2



Section 5.	Deletionshing not severed above			
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Ms. Lyons has no	thing to disclose.			

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Lyons 3



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Rivara 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Frederick	rst Name)	2. Surname (Last Name Rivara	·)	3. Date 04-August-2016
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Au	thor's Name
5. Manuscript Title Dual observation		ence perpetration and	firearm injury hospita	lization in youth: role of injury intent
6. Manuscript Ider M16-1596	ntifying Number (if you kn	now it)		
Section 2				
Section 2.	The Work Under Co	onsideration for Pu	olication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	ubut not limited to grants est? Yes Normation below. If you	, data monitoring board	nment, commercial, private foundation, etc.) for , study design, manuscript preparation, ntity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	comments
City of seattle		✓		
Section 3.	Relevant financial	activities outside th	e submitted work.	
of compensation clicking the "Add Are there any rel) with entities as descri	bed in the instructions port relationships that	. Use one line for each were present during	ancial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copy	vrights	
Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to t	he work? Yes V No

Rivara 2



Section 5. Relationships not severed above			
Relationships not covered above			
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Dr. Rivara reports grants from City of seattle, during the conduct of the study; .			

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Fan 1



Section 1.	Identifying Information				
1. Given Name (Fi Mary	rst Name)	2. Surname (Last Name) Fan	3. Date 02-August-2016		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name		
5. Manuscript Title Dual Observatio		olence Perpetration and F	Firearm Injury Hospitalization in Youth: Role of Injury Intent		
6. Manuscript Ide M16-1596	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for Pub	lication		
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.					
of compensatior clicking the "Adc Are there any rel	the appropriate boxes a) with entities as descr	in the table to indicate with the table to indicate with the instructions. I port relationships that w	rhether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .		
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Do you have any	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Fan 2



Section 5.					
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Section 6.	Disclosure Statement				
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Dr. Fan has noth	ning to disclose.				

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Rowhani-Rahbar 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Ali					
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Dual Observational Investigation of Vio	olence Perpetration and Firearm Injury Hospitalization	n in Youth: Role of Injury Intent			
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intellectual F10pe	rty Tutents a copyrights				
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Rowhani-Rahbar 2



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Wang 1



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6. Manuscript Ider	ntifying Number (if you kı	now it)			
Section 2.	The Work Under C	onsiderati	on for Public	ation	
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 Vo					
Continu 2					
Section 3.	Relevant financial	activities	outside the s	ubmitted work.	
of compensation clicking the "Add	n) with entities as descr	ibed in the i port relatior	nstructions. Us nships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.	
Section 4.	Intellectual Prope	rty Pater	nts & Copyrig	hts	
Do you have any	patents, whether plan	ned, pendin	ig or issued, bro	oadly relevant to the work? ☐ Yes ✓ No	

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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):			
✓ 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.			
Dr. Wang 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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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 Inform	nation					
1. Given Name (First Name) Douglas		2. Surname (Last Nam Zatzick	ne)	3. Date 09-August-2016			
4. Are you the corresponding author?		Yes ✓ No	Yes No Corresponding Author's I		ime		
5. Manuscript Title Dual Observational Investigation of Violence Perpetration and Firearm Injury Hospitalization in Youth: Role of Injury Intent							
6. Manuscript Ider M16-1596	ntifying Number (if you kn	now it)					
	ı						
Section 2.	The Work Under Co	onsideration for Pu	ublication				
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	etitution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	substract limited to gran est? Yes If pormation below. If you	ts, data monitoring No	g board, study de	esign, manuscr	ipt preparation,	
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Cor	mments		
City of Seattle				Contr	ract 124195		
Section 3. Relevant financial activities outside the submitted work.							
of compensation clicking the "Add Are there any rel	the appropriate boxes i) with entities as descri +" box. You should repevant conflicts of intere	ibed in the instruction port relationships that est? Yes 🕡 I	is. Use one line for twere present d No	or each entity; a	add as many l	lines as you need by	
Section 4.	Intellectual Proper	ty Patents & Cop	yrights				
Do you have any	patents, whether plan	ned, pending or issue	d, broadly releva	ant to the work	? Yes	✓ No	

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Section 5. Relationships not covered 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):					
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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. Zatzick reports other from City of Seattle, during the conduct of the study;.					

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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