

Major Extremity Trauma and Rehabilitation Consortium

**METRC Authorship Form**

*Please download and read the linked manuscript FIRST, then complete this survey. You will NOT be able to access the manuscript once you click "submit."* Note that reading the manuscript and responding to this survey fulfills authorship criteria 2 and 3 listed below. You may offer revisions and suggestions in the comment section below.

**Title:** [title of manuscript]

**Authorship:** [Modified Corporate/Corporate]

**Writing Group:** [names of writing group members]

I confirm that I meet ALL FOUR of the following authorship criteria:

- (1) *Substantial contributions to the conception **OR** design of the work; **OR** data acquisition or analysis, **OR** interpretation of data for the work; **AND***
  - (2) *Drafting the work or revising it critically for important intellectual content;\* **AND***
  - (3) *Final approval of the version to be published;\* **AND***
  - (4) *Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.*
- **I meet all four author criteria and wish to be listed as a corporate author.**
  - **I do not meet all four author criteria, but I did contribute to the study such that I should be acknowledged as a non-author contributor.**
  - **I do not meet all four criteria, and/or for other reasons I do not wish to be listed in this paper at all (do not fill out the rest of this form).**

Comments on the paper, if any. These will be shared with the writing group and applied if possible to the manuscript:

\_\_\_\_\_

Contributions to the project (i.e., your role, e.g., drafting, enrollment, interpretation, patient interaction, etc.):

\_\_\_\_\_

Name and degree(s) as you would like them to appear in the authorship listing. Please limit to your two highest academic degrees or significant licenses (e.g., RN); do not include fellowships or military rankings, etc.: \_\_\_\_\_

METRC Site Affiliation(s) at time of study: \_\_\_\_\_

If your site affiliation since changed and is a METRC site, indicate your new site here:

If your current site affiliation is at a non-METRC site, type it here: \_\_\_\_\_

Conflicts of interest specific to this paper (apart from the grant(s) which funded the study):

No  Yes

If yes, list them: \_\_\_\_\_

I certify the above to be true, to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any difficulties with or questions about this survey, email [ddrye4@jhu.edu](mailto:ddrye4@jhu.edu).*