

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

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

Mattila 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fii Ville	rst Name)	2. Surnar Mattila	ne (Last Name)		3. Date 05-Novembe	er-2015	
4. Are you the corresponding author?		Yes	✓ No	-	Corresponding Author's Name Tuomas Huttunen			
5. Manuscript Title National inciden	e ce of clavicle fracture a	nd rate of	surgery in Sw	veden				
6. Manuscript Ider	ntifying Number (if you kn	ow it)						
	1							
Section 2.	The Work Under Co	onsiderat	tion for Pub	olication				
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Name of Institut	ion/Company	Grant?	Personal N	lon-Financial Support [?]	Other?	Comments		
Competitive State Re Expert Responsibility Jniversity Hospital	search Financing of the Area of Tampere	✓						
Stockholm County Co	ouncil	✓						
Section 3.	Relevant financial	activities	outside th	e submitted	work.			
of compensation	he appropriate boxes i) with entities as descri +" box. You should rep	bed in the	instructions.	Use one line fo	or each ent	ity; add as many li	nes as you need	
Are there any rele	evant conflicts of intere	est?	∕es ✓ No)				
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Section 4.	Intellectual Proper	ty Pate	nts & Copy	rights				
Do you have any	patents, whether plani	ned, pendi	ng or issued,	broadly releva	ant to the w	vork? Yes [√ No	

Mattila 2



Section 5. Polationships not severed above		
Relationships not covered above		
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Services 6		
Section 6. Disclosure Statement		
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Dr. Mattila reports grants from Competitive State Research Financing of the Expert Responsibility Area of Tampere University Hospital, grants from Stockholm County Council, during the conduct of the study; .		

Evaluation and Feedback

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Mattila 3



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ert testimony, employment, or other affiliations patent n-Financial Support: Examples include drugs/equipment

Huttunen 1



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Given Name (First Name) Tuomas		2. Surname (Last Name) Huttunen		3. Date 05-November-2015		
4. Are you the corresponding author?		✓ Yes	No			
5. Manuscript Title National inciden	e ce of clavicle fracture a	nd rate of sur	gery in Sweden			
6. Manuscript Ider	ntifying Number (if you kr	now it)				
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any aspect of the s statistical analysis,	ubmitted work (including	but not limited	-		mmercial, private foundation, e sign, manuscript preparation,	tc.) for
Section 3.	Relevant financial	activities ou	itside the submitted	d work.		
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Section 4.	Intellectual Proper	ty Patent	s & Copyrights			
Do you have any	patents, whether plan	ned, pending	or issued, broadly relev	vant to the work?	Yes 🗸 No	

Huttunen 2



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Dr. Huttunen ha	s nothing to disclose.			

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Launonen 1



Section 1.	dentifying Informa	tion		
1. Given Name (First Antti		2. Surname (Last Name) Launonen		3. Date 05-November-2015
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Na Tuomas Huttunen	me
5. Manuscript Title National incidence	of clavicle fracture and	d rate of surgery in Swe	eden	
6. Manuscript Identif	ying Number (if you know	w it)		
Section 2. T	he Work Under Cor	nsideration for Publ	ication	
any aspect of the substatistical analysis, etc	mitted work (including b	out not limited to grants, o	m a third party (government, co data monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3. R	elevant financial ac	ctivities outside the	submitted work.	
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Section 4.				
Ir	itellectual Property	y Patents & Copyr	ights	
Do you have any pa	atents, whether planne	ed, pending or issued, l	proadly relevant to the work?	? ☐ Yes ✓ No

Launonen 2



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Dr. Launonen has nothing to disclose.

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Berg 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Hans	st Name)	2. Surname (Last Name) Berg	3. Date 08-November-2015
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Tuomas Huttunen
5. Manuscript Title National incidend		nd rate of surgery in Swed	den
6. Manuscript Iden	ntifying Number (if you kr	now it)	
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Section 4.	Intellectual Proper	ty Patents & Copyric	ghts
Do you have any			roadly relevant to the work? Yes V No

Berg 2



Section 5.	Deletionshing not severed shove			
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Dr. Berg has nothir	ng to disclose.			

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patent

Felländer-Tsai 1



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1. Given Name (First Name) Li	2. Surname (Last Name) Felländer-Tsai	3. Date 08-November-2015
4. Are you the corresponding	author? Yes Vo	Corresponding Author's Name Tuomas Huttunen
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Do you have any patents, w	hether planned, pending or issued, b	oroadly relevant to the work? Yes V No

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administrative support, etc.



Section 1. Identifying Inform	ation		
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