

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.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ville	2. Surname (Last Name) Mattila	3. Date 05-November-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tuomas Huttunen
5. Manuscript Title National incidence of clavicle fracture and rate of surgery in Sweden		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☒ Yes ☐ 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 Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Competitive State Research Financing of the Expert Responsibility Area of Tampere University Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stockholm County Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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; .

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Section 1. Identifying Information

1. 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

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6. Manuscript Identifying Number (if you know it)

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Yes



No

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Dr. Huttunen has nothing to disclose.

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1. Given Name (First Name)
Antti

2. Surname (Last Name)
Launonen

3. Date
05-November-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Tuomas Huttunen

5. Manuscript Title
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Dr. Launonen has nothing to disclose.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vesa	2. Surname (Last Name) Lepola	3. Date 10-November-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tuomas T Huttunen
5. Manuscript Title National incidence of clavicle fracture and surgery in Sweden		
6. Manuscript Identifying Number (if you 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

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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**.

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Section 4. Intellectual Property -- Patents & Copyrights

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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. Lepola reports personal fees from Fee for lectures; Johnson&Johnson, MSD Finland, Summed Finland, personal fees from Sponsored congress travels; Arthron Oy, Zimmer Finland, Johnson&Johnson, outside the submitted work; .

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