

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Andre	2. Surname (Last Name) Guthrie	3. Date 27-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lindley B Wall, MD
5. Manuscript Title Postural Stability in Older Adults with a Distal Radius Fracture		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Guthrie has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Craig

2. Surname (Last Name)
Louer

3. Date
27-August-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Lindley B. Wall

5. Manuscript Title
Postural Stability in Older Adults with a Distal Radius Fracture

6. Manuscript Identifying Number (if you know it)

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Dr. Louer has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lindley

2. Surname (Last Name)

Wall

3. Date

27-August-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Postural Stability in Older Adults with a Distal Radius Fracture

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
NIH Training Grant UL1 TR000448	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Wall reports grants from NIH Training Grant UL1 TR000448, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Motley	3. Date 06-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lindley B. Wall, M.D.
5. Manuscript Title "Postural Stability in Older Adults with a Distal Radius Fracture"		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Motley has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ryan

2. Surname (Last Name)
Calfee

3. Date
21-January-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Lindley Wall

5. Manuscript Title
Postural Stability in Older Adults with a Distal Radius Fracture

6. Manuscript Identifying Number (if you know it)

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Dr. Calfee has nothing to disclose.

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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 Information

1. Given Name (First Name)
Sean

2. Surname (Last Name)
Boone

3. Date
28-August-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Craig R Louer

5. Manuscript Title
Postural Stability in Older Adults with a Distal Radius Fracture

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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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?

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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. Boone has nothing to disclose.

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