

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Christopher	2. Surname (Last Name) Evans	3. Date 17-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Vaida Glatt
5. Manuscript Title Reverse dynamization: influence of fixator stiffness on the mode and efficiency of large bone defect healing at different doses of BMP-2		
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

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
U.S. Department of Defense (DoD) (grant W81XWH-10-1-0888)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Evans 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)

Nicole

2. Surname (Last Name)

Bartnikowski

3. Date

17-September-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Vaida Glatt

5. Manuscript Title

Reverse dynamization: influence of fixator stiffness on the mode and efficiency of large bone defect healing at different doses of BMP-2

6. Manuscript Identifying Number (if you know it)

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Ms Bartnikowski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Vaida

2. Surname (Last Name)

Glatt

3. Date

17-September-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Reverse dynamization: influence of fixator stiffness on the mode and efficiency of large bone defect healing at different doses of BMP-2

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Nicholas

2. Surname (Last Name)
Quirk

3. Date
17-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. Vaida Glatt

5. Manuscript Title
Reverse dynamization: influence of fixator stiffness on the mode and efficiency of large bone defect healing at different doses of BMP-2

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Schuetz

3. Date
17-September-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Vaida Glatt

5. Manuscript Title
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