

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.

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Section 1. Identifying Information

1. Given Name (First Name)
Egbert Jan

2. Surname (Last Name)
Verleisdonk

3. Date
10-March-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Operative treatment of dislocated midshaft clavicle fractures; Plate Or intramedullary Pin fixation? A randomized controlled trial.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AO Foundation, Switzerland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted Research Grant

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name) Eric	2. Surname (Last Name) Hammacher	3. Date 10-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Egbert Jan Verleisdonk
5. Manuscript Title Operative treatment of dislocated midshaft clavicle fractures; Plate Or intramedullary Pin fixation? A randomized controlled trial.		
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1. Given Name (First Name) Frans-Jasper	2. Surname (Last Name) Wijdicks	3. Date 10-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Egbert Jan Verleisdonk
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1. Given Name (First Name) Marcel	2. Surname (Last Name) Dijkgraaf	3. Date 10-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Egbert Jan Verleisdonk
5. Manuscript Title Operative treatment of dislocated midshaft clavicle fractures; Plate Or intramedullary Pin fixation? A randomized controlled trial.		
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1. Given Name (First Name) Michiel	2. Surname (Last Name) Verhofstad	3. Date 10-March-2014
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Martijn	2. Surname (Last Name) Hulsmans	3. Date 10-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Egbert Jan Verleisdonk
5. Manuscript Title Operative treatment of dislocated midshaft clavicle fractures; Plate Or intramedullary Pin fixation? A randomized controlled trial.		
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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
AO Foundation, Switzerland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted Research Grant

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

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name) Olivier	2. Surname (Last Name) van der Meijden	3. Date 10-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Egbert Jan Verleisdonk
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Egbert Jan Verleisdonk
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