

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.

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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

Wahlsten 1



Section 1.	dentifying Informa	ition		
1. Given Name (First Liv Riisager	Name)	2. Surname (Last Name) Wahlsten		3. Date 24-February-2014
4. Are you the corres	ponding author?	✓ Yes No		
5. Manuscript Title Venous thrombosis	s following fractures b	elow the knee: A nationwide [Danish cohort study	
6. Manuscript Identif	fying Number (if you kno	w it)		
Section 2.	he Work Under Co	nsideration for Publicatio	n	
any aspect of the sub statistical analysis, etc	mitted work (including l	out not limited to grants, data mo		ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.		ctivities outside the subm	المسادة المقادة	
Place a check in the of compensation) w	e appropriate boxes in vith entities as describ	the table to indicate whether ed in the instructions. Use one ort relationships that were pre	you have financial rel e line for each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication .
Section 4.	ntellectual Propert	y Patents & Copyrights		
Do you have any pa	atents, whether plann	ed, pending or issued, broadly	relevant to the work?	? ☐ Yes ✓ No

Wahlsten 2



Section 5. Polationships not sovered above
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Dr. Wahlsten has nothing to disclose.

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Torp-Pedersen 1



Section 1.	Identifying Inform	nation			
1. Given Name (F Christian	irst Name)	2. Surname (Last Torp-Pedersen	Name)	3. Date 26-September-2	2014
4. Are you the co	rresponding author?	Yes ✓ N	•	ding Author's Name er Wahlsten	
5. Manuscript Titl Symptomatic ve		m following fractu	res distal to the kne	e: A nationwide Danish cohort st	udy
6. Manuscript Ide JBJS-D-14-0030	ntifying Number (if you kr 7R2	now it)			
Section 2.	The Work Under C	onsideration fo	r Publication		
any aspect of the s statistical analysis, Are there any re	submitted work (including	g but not limited to g		(government, commercial, private fog board, study design, manuscript pr	
Section 3. Relevant financial activities outside the submitted work.					
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 . Are there any relevant conflicts of interest? Yes No If yes, please fill out the appropriate information below.					
Name of Entity		Grant? Person	Non-Financial Support?	Other? Comments	
Cardiome		✓		Antiarrhytmic drugs	
Merck		✓		Antiarrhytmic drugs	
Sanofi		✓		Antiarrhytmic drugs	
Daiichi		√		Anticoagulation	
SVVC				Atrial fibrillation	

Torp-Pedersen 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5. Relationships not covered above
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Dr. Torp-Pedersen reports grants and personal fees from Cardiome, grants and personal fees from Merck, grants and personal fees from Sanofi, grants and personal fees from Daiichi, grants from BMS, outside the submitted work; .

Evaluation and Feedback

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Torp-Pedersen 3



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Fosbøl 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Emil	Given Name (First Name) 2. Surname (Last Name) Fosbøl			3. Date 27-September-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar Liv Wahlsten	me
5. Manuscript Title Symptomatic ve		m following fractures dista	al to the knee: A nationwide	Danish cohort study
6. Manuscript Ider JBJS-D-14-00307	ntifying Number (if you kr 'R2	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, cor ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work?	☐ Yes 🗸 No

Fosbøl 2



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Gislason 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Gunnar	en Name (First Name) 2. Surname (Last Name) ar Gislason			3. Date 26-September-2014
4. Are you the cor	4. Are you the corresponding author?		Corresponding Author's Nar	me
5. Manuscript Title Symptomatic ve		m following fractures dista	al to the knee: A nationwide	Danish cohort study
6. Manuscript Ider JBJS-D-14-00307	ntifying Number (if you kr 'R2	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, cor ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the :	submitted work	
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	n the table to indicate wh bed in the instructions. Us port relationships that we	ether you have financial rela se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri	ahts	
Do you have any			roadly relevant to the work?	Yes 🗸 No

Gislason 2



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Dr. Gislason has nothing to disclose.

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patent

Eckardt 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Henrik	2. Surname (Last Name) Eckardt		3. Date 25-September-2014	
4. Are you the corresponding author?	Are you the corresponding author? Yes Volume No		Corresponding Author's Name Liv Wahlsteen	
5. Manuscript Title Symptomatic venous thromboembolisi	m following fractures dista	al to the knee: A nationwide	Danish cohort study	
6. Manuscript Identifying Number (if you kr JBJS-D-14-00307R2	now it)			
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da			
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Section 4. Intellectual Proper	rty Patents & Copyric	ahts		
Do you have any patents, whether plan			☐ Yes 🗸 No	

Eckardt 2



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

Olesen 1



Section 1. Identifying Inform			
Identifying Infor	mation		
1. Given Name (First Name) Jonas	2. Surname (Last Name) Olesen		3. Date 25-September-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar Liv Riisager Wahlsten	me
5. Manuscript Title Symptomatic venous thromboemboli	sm following fractures dist	al to the knee: A nationwide	Danish cohort study
6. Manuscript Identifying Number (if you I JBJS-D-14-00307R2	know it)		
		_	
Section 2. The Work Under (Consideration for Publi	cation	
Did you or your institution at any time recany aspect of the submitted work (includir statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants, d		
Section 3. Relevant financia	l activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inte If yes, please fill out the appropriate in	ribed in the instructions. Ueport relationships that we rest?	se one line for each entity; a	dd as many lines as you need by
Name of Entity	Grant? Personal No	n-Financial Other? Com	nments
Bristol-Myers Squibb		✓ speake	er fees
Boehringer Ingelheim		✓ speake	ers fees
Bristol-Myers Squibb	✓		
The Capital Region of Denmark, Foundation f Health Research			

Olesen 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V
Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
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. Olesen reports other from Bristol-Myers Squibb , other from Boehringer Ingelheim, grants from Bristol-Myers Squibb, grants from The Capital Region of Denmark, Foundation for Health Research, outside the submitted work; .

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Olesen 3



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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Lyngbæk 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) Stig	2. Surname (Last Name) Lyngbæk	3. Date 25-September-2014		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Liv Wahlsten		
5. Manuscript Title Symptomatic venous thromboembolis	sm following fractures dista	ll to the knee: A nationwide Danish cohort study		
6. Manuscript Identifying Number (if you k JBJS-D-14-00307R2	now it)	_		
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Section 3. Relevant financia	activities outside the s	submitted work.		
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Section 4. Intellectual Prope	rty Patents & Copyric	yhts		
Do you have any patents, whether plan				

Lyngbæk 2



Section 5.				
	Relationships not covered above			
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Section 6.				
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Lyngbæk ha	s nothing to disclose.			

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Jensen 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Per Føge	2. Surname (Last Name) Jensen		3. Date 01-October-2014	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Liv Wahlsten	ne	
5. Manuscript Title Symptomatic venous thromboembolism	m following fractures dista	ll to the knee: A nationwide I	Danish cohort study	
6. Manuscript Identifying Number (if you kr JBJS-D-14-00307R2	now it)			
		_		
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Section 4. Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether plan			☐ Yes ✓ No	

Jensen 2



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