

#### **Instructions**

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Section 1.	Identifying Inform	nation	
1. Given Name (Fi Andy	rst Name)	2. Surname (Last Name) Brooksbank	3. Date 03-April-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Ewan B Goudie
		the early functional outcor	ne or patient satisfaction after nonoperative management
· · · · · · · · · · · · · · · · · · ·	ntifying Number (if you kr	now it)	
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Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	submitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4.	Intellectual Proper	rty Patents & Copyrig	ıhts
Do you have any			oadly relevant to the work? ☐ Yes ✓ No



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1. Given Name (Fi	rst Name)	2. Surname (Last Name) Brooksbank	3. Date 03-April-2017			
4. Are you the cor	ou the corresponding author? Yes V		Corresponding Author's Name Ewan B Goudie			
Clavicle shorteni	5. Manuscript Title Clavicle shortening does not influence the early functional outcome or patient satisfaction after nonoperative management of displaced midshaft clavicle fractures					
6. Manuscript Ider	ntifying Number (if you kr	now it)				
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Section 3.	Relevant financial	activities outside the s	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 <b>present during the 36 months prior to publication</b> .						
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patent

1 Lawrence



Section 1. Identifying Inform	mation					
1. Given Name (First Name) Chris	2. Surname (Last Name) Lawrence	3. Date 29-September-2016				
4. Are you the corresponding author?	☐ Yes   ✓ No	Corresponding Author's Name Mike Robinson				
5. Manuscript Title THE INFLUENCE OF SHORTENING ON C NONOPERATIVE TREATMENT.	CLINICAL OUTCOME IN HEAI	LED, DISPLACED, MIDSHAFT CLAVICLE FRACTURES AFTER				
6. Manuscript Identifying Number (if you k JBJS-D-16-01010R1	now it)	-				
Section 2. The Week Under C						
The Work Under C	Consideration for Public	ation				
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Are there any relevant conflicts of inter	there any relevant conflicts of interest? Yes Vo					
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of compensation) with entities as desc clicking the "Add +" box. You should re	ribed in the instructions. Us eport relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .				
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Lawrence 2



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Goudie 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fii Ewan	rst Name)	2. Surname (Last Name) Goudie			3. Date 29-September-2016	
4. Are you the cor	you the corresponding author? Yes Vo		Corresponding Author's Na Mike Robinson	me		
5. Manuscript Title THE INFLUENCE NONOPERATIVE	OF SHORTENING ON CI	LINICAL OUTCOM	ME IN HEAL	LED, DISPLACED, MIDSHAF	T CLAVICLE FRACTURES AFTER	
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Goudie 2



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Murray 1



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4. Are you the cor	re you the corresponding author?		Corresponding Author's Nar Mike Robinson	me	
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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

Robinson 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Mike	Given Name (First Name) 2. Surname (Last Name) 3. Date					
4. Are you the corresponding author?	✓ Yes No					
<ul> <li>5. Manuscript Title</li> <li>THE INFLUENCE OF SHORTENING ON C</li> <li>NONOPERATIVE TREATMENT.</li> <li>6. Manuscript Identifying Number (if you known to see the content of the</li></ul>	THE INFLUENCE OF SHORTENING ON CLINICAL OUTCOME IN HEALED, DISPLACED, MIDSHAFT CLAVICLE FRACTURES AFTER NONOPERATIVE TREATMENT.					
JBJS-D-16-01010R1						
Section 2. The Work Under C	onsideration for Publication					
Did you or your institution <b>at any time</b> 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						
Section 3. Relevant financial	activities outside the submitted work.					
of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36 r</b> est? Yes V	add as many lines as you need by				
Section 4. Intellectual Proper	rty Patents & Copyrights					
-	ned, pending or issued, broadly relevant to the work	? ☐ Yes ✓ No				

Robinson 2



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
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Section 6. Disclosure Statement
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#### **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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Wilson 1



Section 1. Identify	ying Information			
1. Given Name (First Name) Mike	2. Surname (Last Name Wilson	3. Date 29-September-2016		
4. Are you the corresponding	author? Yes ✓ No	Corresponding Author's Name Mike Robinson		
5. Manuscript Title THE INFLUENCE OF SHORTENING ON CLINICAL OUTCOME IN HEALED, DISPLACED, MIDSHAFT CLAVICLE FRACTURES AFTER NONOPERATIVE TREATMENT.				
6. Manuscript Identifying Nur JBJS-D-16-01010R1	mber (if you know it)			
Section 2. The We				
The Wo	rk Under Consideration for Pub	blication		
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Are there any relevant conflicts of interest? Yes Vo				
Section 3. Relevan				
Relevan	t financial activities outside th	e submitted work.		
of compensation) with enti	ities as described in the instructions.	whether you have financial relationships (regardless of amount . Use one line for each entity; add as many lines as you need by were <b>present during the 36 months prior to publication</b> .		
Are there any relevant conflicts of interest? Yes V No				
Section 4. Intellect	tual Property Patents & Copy	rights		
Do you have any patents, v	vhether planned, pending or issued,	broadly relevant to the work? Yes V No		

Wilson 2



Section 5. Relationships not solvered above				
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Clement 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Nick	2. Surname (Last Name) Clement	3. Date 29-September-2016		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mike Robinson		
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Section 3. Relevant financial	activities outside the su	ıbmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual Prope	rty Patents & Copyrigh	nts		
Do you have any patents, whether plan	nned, pending or issued, bro	adly relevant to the work? ☐ Yes ✓ No		

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