

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andy	2. Surname (Last Name) Brooksbank	3. Date 03-April-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ewan B Goudie
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 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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Dr. Brooksbank has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Andy

2. Surname (Last Name)  
Brooksbank

3. Date  
03-April-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ewan B Goudie

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 Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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 CLINICAL OUTCOME IN HEALED, DISPLACED, MIDSHAFT CLAVICLE FRACTURES AFTER NONOPERATIVE TREATMENT.

6. Manuscript Identifying Number (if you know it)  
JBJS-D-16-01010R1

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### Section 1. Identifying Information

1. Given Name (First Name)

Ewan

2. Surname (Last Name)

Goudie

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.

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JBJS-D-16-01010R1

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Iain

2. Surname (Last Name)  
Murray

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.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mike

2. Surname (Last Name)  
Robinson

3. Date  
29-September-2016

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

5. Manuscript Title  
THE INFLUENCE OF SHORTENING ON CLINICAL OUTCOME IN HEALED, DISPLACED, MIDSHAFT CLAVICLE FRACTURES AFTER NONOPERATIVE TREATMENT.

6. Manuscript Identifying Number (if you know it)  
JBJS-D-16-01010R1

### 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

### Section 3. Relevant financial activities outside the submitted work.

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Robinson has nothing to disclose.

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying 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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nick	2. Surname (Last Name) Clement	3. Date 29-September-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.		
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