

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. 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".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Ring	3. Date 06-January-2017
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Gijs Helmerhorst
5. Manuscript Title Pain relief after operative treatment of an extremity fracture: a noninferiority randomized clinical trial		
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
Stichting Merel	☒	☐	☐	☐	

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Skeletal Dynamics	☒	☐	☐	☒	Grant for study and Royalties
Wright Medical	☐	☐	☐	☒	Royalties
Deputy Editor for Clinical Orthopaedics and Related Research	☐	☒	☐	☐	Stipend

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Universities and Hospitals	☐	☒	☐	☐	Honoraria for talks
Lawyers	☐	☒	☐	☐	Payment for Expert Review

Section 4. Intellectual Property -- Patents & Copyrights

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

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):
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Section 6. Disclosure Statement

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Dr. Ring reports grants from Stichting Merel, during the conduct of the study; grants and other from Skeletal Dynamics, other from Wright Medical, personal fees from Deputy Editor for Clinical Orthopaedics and Related Research, personal fees from Universities and Hospitals, personal fees from Lawyers, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Kloen	3. Date 16-January-2017
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Gijs Helmerhorst
5. Manuscript Title Pain relief after operative treatment of an extremity fracture: a noninferiority randomized clinical trial		
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Section 1. Identifying Information

1. Given Name (First Name) Ruben	2. Surname (Last Name) Zwiers	3. Date 16-January-2017
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