

#### Instructions

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| Section 1. Identifying Inform              | mation   |  |
|--|--|--|
| 1. Given Name (First Name)<br>Muhanned     | 2. Surname (Last Name)<br>Ali  | 3. Date<br>18-January-2017   |
| 4. Are you the corresponding author?       | ✓ Yes No   |  |
|  | ture Malunion and Patient-Reported Activ   | rity Limitations: A Long-Term Follow-up  |
| 6. Manuscript Identifying Number (if you l | know it)   |  |
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| Section 2. The Work Under (                | Consideration for Publication  |  |
|  | eive payment or services from a third party (go<br>ng but not limited to grants, data monitoring bo<br>rest? | vernment, commercial, private foundation, etc.) for<br>bard, study design, manuscript preparation, |

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| Are there any relevant conflicts of interest? | Yes | $\checkmark$ | No |
|---|-----|--------------|----|
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes | es 🖌 N | 0 |
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Dr. Ali has nothing to disclose.

#### **Evaluation and Feedback**



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| Section 1. Identifying Inform   | nation                            |  |
|---|-----------------------------------|--|
| 1. Given Name (First Name)<br>Elisabeth                                 | 2. Surname (Last Name)<br>Brogren | 3. Date<br>18-January-2017   |
| 4. Are you the corresponding author?                                    | Yes 🖌 No                          | Corresponding Author's Name<br>Muhanned Ali  |
| 5. Manuscript Title<br>Association Between Distal Radial Frac           | ture Malunion and Patien          | t-Reported Activity Limitations: A Long-Term Follow-up   |
| 6. Manuscript Identifying Number (if you k                              | now it)                           |  |
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| Section 2. The Work Under O   | Consideration for Publ            | ication  |
| any aspect of the submitted work (includin statistical analysis, etc.)? | g but not limited to grants, d    | n a third party (government, commercial, private foundation, etc.) for<br>lata monitoring board, study design, manuscript preparation, |
| Are there any relevant conflicts of inte                                | rest? Yes 🖌 No                    |  |
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| Section 3. Relevant financia  | l activities outside the          | submitted work.  |

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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? |  | Yes | √ 1 | No |
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Dr. Brogren has nothing to disclose.

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| 1. Given Name (First Name)<br>Isam                             | 2. Surname (Last Name)<br>Atroshi | 3. Date<br>18-January-2017  |
| 4. Are you the corresponding author?                           | Yes 🖌 No                          | Corresponding Author's Name<br>Muhanned Ali   |
| 5. Manuscript Title<br>Association Between Distal Radial Fract | ture Malunion and Patient         | -Reported Activity Limitations: A Long-Term Follow-up   |
| 6. Manuscript Identifying Number (if you k                     | now it)                           |   |
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|--|---------------------------|---------------------------------|--|
| 1. Given Name (Fi<br>Philippe                | rst Name)                 | 2. Surname (Last Name<br>Wagner | e) 3. Date<br>18-January-2017  |
| 4. Are you the corresponding author?         |                           | Yes 🖌 No                        | Corresponding Author's Name<br>Muhanned Ali  |
|  | veen Distal Radial Frac   |                                 | ent-Reported Activity Limitations: A Long-Term Follow-up   |
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