

Instructions

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Section 1.	Identifying Infor	dentifying Information								
1. Given Name (First Name) Jenny		2. Surname (Last Name) Saving	3. Date 19-October-2018							
4. Are you the corresponding author?		✓ Yes No								

5. Manuscript Title

Non-operative Treatment Versus Surgery with Volar Locking Plate for Dorsally Displaced Distal Radius Fractures in the Elderly – a Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00768R1

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Yes 🖌 No

Intellectual Property -- Patents & Copyrights

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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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Section 1.	Identifying Infor	mation	
1. Given Name (F Olof	irst Name)	2. Surname (Last Name) Sköldenberg	3. Date 19-October-2018
4. Are you the co	responding author?	Yes 🖌 No	Corresponding Author's Name Jenny Saving
•			te for Dorsally Displaced Distal Radius Fractures in the
6. Manuscript Ide JBJS-D-18-0076	ntifying Number (if you 3R1	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? $ \checkmark $ Ye	es 🛛	No
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
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Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
the Åke Wiberg Foundation	\checkmark					

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✓ No

Section 4. **Intellectual Property -- Patents & Copyrights**

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



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Dr. Sköldenberg reports grants from the Åke Wiberg Foundation, during the conduct of the study; .

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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.

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".

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