

#### 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.

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## 2. The work under consideration for publication.

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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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Section 1.	Identifying Inform	nation	
1. Given Name (Fi Katrina	rst Name)	2. Surname (Last Nai Bell	me) 3. Date 04-May-2018
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Dr Iain Murray
FRACTURES: ME		S AND COMPLICATIO	ORTSD) FIXATION OF DISPLACED LATERAL-END CLAVICULAR ONS AFTER TREATMENT
Section 2.	The Work Under Co	onsideration for P	ublication

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes	
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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
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# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending of issued, bloadly relevant to the work:     res   y   no	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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Dr. Bell has nothing to disclose.

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Section 1. Identifying Info		rmation				
1. Given Name (Fii Iain	rst Name)	2. Surname (Last Name) Murray	3. Date 04-May-2018			
4. Are you the corresponding author?		✓ Yes No				

5. Manuscript Title

OPEN REDUCTION AND TUNNELLED SUSPENSORY DEVICE (ORTSD) FIXATION OF DISPLACED LATERAL-END CLAVICULAR FRACTURES: MEDIUM-TERM OUTCOMES AND COMPLICATIONS AFTER TREATMENT

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) C. Michael	2. Surname (Last Name) Robinson	3. Date 04-May-2018
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