

## 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.

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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 Information

|                                                                                                                                 |                                    |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|
| 1. Given Name (First Name)<br>Carel                                                                                             | 2. Surname (Last Name)<br>Goslings | 3. Date<br>02-May-2019                           |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                        |                                    | Corresponding Author's Name<br>Marjolein Mulders |
| 5. Manuscript Title<br>Volar plate fixation in adults with a displaced extra-articular distal radius fracture is cost-effective |                                    |                                                  |
| 6. Manuscript Identifying Number (if you know it)<br><br>                                                                       |                                    |                                                  |

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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

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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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### Section 6. Disclosure Statement

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Dr. Goslings has nothing to disclose.

### Evaluation and Feedback

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|                                                                                                                                 |                                 |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------|
| 1. Given Name (First Name)<br>Niels                                                                                             | 2. Surname (Last Name)<br>Schep | 3. Date<br>02-May-2019                           |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                        |                                 | Corresponding Author's Name<br>Marjolein Mulders |
| 5. Manuscript Title<br>Volar plate fixation in adults with a displaced extra-articular distal radius fracture is cost-effective |                                 |                                                  |
| 6. Manuscript Identifying Number (if you know it)<br>                                                                           |                                 |                                                  |

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Dr. Schep has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Marjolein

2. Surname (Last Name)

Mulders

3. Date

02-May-2019

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Volar plate fixation in adults with a displaced extra-articular distal radius fracture is cost-effective

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)  
Monique

2. Surname (Last Name)  
Walenkamp

3. Date  
02-May-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Marjolein Mulders

5. Manuscript Title  
Volar plate fixation in adults with a displaced extra-articular distal radius fracture is cost-effective

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Dr. Walenkamp has nothing to disclose.

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1. Given Name (First Name)  
Susan

2. Surname (Last Name)  
van Dieren

3. Date  
02-May-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Marjolein Mulders

5. Manuscript Title

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Dr. van Dieren has nothing to disclose.

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