

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Hao-Hua	2. Surname (Last Name) Wu	3. Date 29-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sravva Challa
5. Manuscript Title Development of Squat-and-Smile Test as Proxy for Femoral Shaft Fracture-Healing in Patients in Dar es Salaam, Tanzania		
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
Wyss Medical Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopaedic Research and Education Foundation (OREF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopaedic Trauma Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 6. Disclosure Statement

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Dr. Wu reports grants from Wyss Medical Foundation, grants from Orthopaedic Research and Education Foundation (OREF), grants from Orthopaedic Trauma Association, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
BILLY

2. Surname (Last Name)
HAONGA

3. Date
23-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Sravya T. Challa

5. Manuscript Title
Development of the "squat and smile" test as a proxy for fracture healing in patients with femoral shaft fractures in Dar es Salaam, Tanzania

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00387R3.

Section 2. The Work Under Consideration for Publication

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Dr. HAONGA has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sravya

2. Surname (Last Name)
Challa

3. Date
15-May-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
"Validity and reliability of the "squat and smile" test as a functional outcome assessment in patients with femoral shaft fractures in Dar es Salaam, Tanzania,"

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00387

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Ms. Challa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Edmund

2. Surname (Last Name)
Eliezer

3. Date
15-May-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Sravya T. Challa

5. Manuscript Title
"Validity and reliability of the "squat and smile" test as a functional outcome assessment in patients with femoral shaft fractures in Dar es Salaam, Tanzania,"

6. Manuscript Identifying Number (if you know it)
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Dr. Eliezer has nothing to disclose.

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Max

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Liu

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15-May-2018

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☐ Yes

☒ No

Corresponding Author's Name
Sravya T. Challa

5. Manuscript Title
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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 Information

1. Given Name (First Name)
Saam

2. Surname (Last Name)
Morshed

3. Date
15-May-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Sravya T. Challa

5. Manuscript Title
"Validity and reliability of the "squat and smile" test as a functional outcome assessment in patients with femoral shaft fractures in Dar es Salaam, Tanzania,"

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00387

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

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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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Dr. Morshed has nothing to disclose.

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1. Identifying information.

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1. Given Name (First Name) David	2. Surname (Last Name) Shearer	3. Date 15-May-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sravya T. Challa
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1. Given Name (First Name) Lewis	2. Surname (Last Name) Zirkle	3. Date 15-May-2018
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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
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SIGN Unpaid Consultant

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Dr. Zirkle reports non-financial support from SIGN Fracture Care International, during the conduct of the study; .

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