

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.

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.

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

Wu 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Hao-Hua	rst Name)	2. Surnan Wu	ne (Last Name)			3. Date 29-October-2018	
4. Are you the cor	responding author?	Yes	✓ No	Correspon Sravya Ch	iding Author's I nalla	Name	
5. Manuscript Title Development of		as Proxy for	Femoral Shaft	Fracture-He	ealing in Patie	ents in Dar es Salaam, Tanzania	
6. Manuscript lder	ntifying Number (if you kr	ow it)					
Section 2.	The Work Under Co	onsiderat	ion for Publi	cation			
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not lim	ited to grants, d			commercial, private foundation, etc.) for design, manuscript preparation,	or
If yes, please fill o	evant conflicts of intere out the appropriate info be removed by pressin	ormation b	elow. If you ha	ve more tha	n one entity p	oress the "ADD" button to add a row	<i>J</i> .
Name of Institut	ion/Company	Grant?		n-Financial Support <mark>?</mark>	Other? C	Comments	
Nyss Medical Founda	ation	√					_
Orthopaedic Researc Foundation (OREF)	h and Education	✓					
Orthopaedic Trauma	Association	✓					
Section 3.	Relevant financial	activities	outside the	submitted	work.		
of compensation clicking the "Add	ı) with entities as descri	bed in the port relatio	instructions. U	se one line f	or each entity	relationships (regardless of amount y; add as many lines as you need by 5 months prior to publication .	
Section 4.	Intellectual Proper	ty Pate	nts & Copyri	ghts			
Do you have any	patents, whether plan	•	• • •		ant to the wo	rk? Yes 🗸 No	

Wu 2



Section 5. Relationships not severed above
Relationships not covered above
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Section 6
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
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; .

Evaluation and Feedback

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HAONGA 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi BILLY	rst Name)	2. Surname (Last Name) HAONGA		3. Date 23-October-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nam Sravya T. Challa	ne
5. Manuscript Title Development of Salaam, Tanzania	the "squat and smile" t	test as a proxy for fracture	healing in patients with femo	oral shaft fractures in Dar es
6. Manuscript Idea JBJS-D-18-0038	ntifying Number (if you kr 7R3.	now it)		
Section 2.	The Work Under C	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, com ta monitoring board, study desi	nmercial, private foundation, etc.) for ign, manuscript preparation,
Section 3.				
section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer		tionships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyric	yhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

HAONGA 2



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Dr. HAONGA has nothing to disclose.

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Challa 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Sravya	rst Name)	2. Surname Challa	(Last Name)		3. Date 15-May-2018
4. Are you the cor	responding author?	✓ Yes	No		
fractures in Dar e	ability of the "squat and es Salaam, Tanzania," ntifying Number (if you kn		s a functional outcome a	assessment in pa	atients with femoral shaft
Section 2.	The Work Under Co	onsideratio	n for Publication		
any aspect of the s statistical analysis,	ubmitted work (including	but not limite	d to grants, data monitorin		mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities o	utside the submitted	work.	
of compensation clicking the "Add	ı) with entities as descri	bed in the ins port relations	structions. Use one line f hips that were present c	for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	ty Patent	s & Copyrights		
Do you have any	patents, whether plan	ned, pending	or issued, broadly releva	ant to the work?	Yes 🗸 No

Challa 2



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Sertion 6
Section 6. Disclosure Statement
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Ms. Challa has nothing to disclose.

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Eliezer 1



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	or? Yes ✓ No	Corresponding Author's Name Sravya T. Challa			
5. Manuscript Title "Validity and reliability of the "so fractures in Dar es Salaam, Tanza		l outcome assessment in patients with femoral shaft			
6. Manuscript Identifying Number (JBJS-D-18-00387	if you know it)				
Section 2. The Work Ur					
The Work of	nder Consideration for Public				
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					
Section 3. Relevant fine	ancial activities outside the s	ubmitted work.			
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Section 4					
Section 4. Intellectual I	Property Patents & Copyrig	hts			
Do you have any patents, wheth	er planned, pending or issued, bro	oadly relevant to the work? Yes V No			

Eliezer 2



Section 5. Relationships not covered above
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Dr. Eliezer has nothing to disclose.

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patent

Liu 1



Section 1. Identifying Infor	mation	
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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sravya T. Challa
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Section 4		
Section 4. Intellectual Prope	erty Patents & Copyric	hts
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No

Liu 2



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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Morshed 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Saam	rst Name)	2. Surname (Last Name) Morshed	3. Date 15-May-2018		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Sravya T. Challa		
		d smile" test as a functiona	l outcome assessment in patients with femoral shaft		
6. Manuscript Ide JBJS-D-18-00387	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Public	ation		
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					
	I				
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .		
		_			
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Morshed 2



Section 5. Relationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Morshed has nothing to disclose.

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Morshed 3



Instructions

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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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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Shearer 1



Section 1.	Identifying Inform	ation				
1. Given Name (First Name) David		2. Surname (Last Name) Shearer	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						
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Section 4.	Intellectual Proper	ty Patents & Copyrig	jhts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Shearer 2



Section 5. Relationships not severed above					
Relationships not covered above					
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Zirkle 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Lewis		2. Surname (Last Name) Zirkle		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						
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Name of Institution			on-Financial Support?	er? Comments		
			√	SIGN Unpaid Consultant		
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Zirkle 2



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Section 6. Disclosure Statement					
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
Dr. Zirkle reports non-financial support from SIGN Fracture Care International, during the conduct of the study; .					

Evaluation and Feedback

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