ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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.

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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.
Other: Anything not covered under the previous three boxes
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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name): Vaida
2. Surname (Last Name): Glatt
3. Date: 12-March-2020

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

5. Manuscript Title: Reverse Dynamization Accelerates Bone Healing in a Large Animal Osteotomy Model

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Glatt has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
ALEXANDER

2. Surname (Last Name)
CHERKASHIN

3. Date
11-March-2020

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

Corresponding Author's Name
VAIDA GLATT

5. Manuscript Title
Reverse Dynamization Accelerates Bone Healing in a Large Animal Osteotomy Model

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

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ORTHOFIX, INC.	☐	☐	☐	☑	Royalties
ORTHOFIX, INC	☐	☐	☐	☑	Consultant

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. CHERKASHIN reports other from ORTHOFIX, INC., other from ORTHOFIX, INC, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name): Christopher
2. Surname (Last Name): Iobst
3. Date: 11-March-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Vaida Glatt

5. Manuscript Title: Reverse Dynamization Accelerates Bone Healing in a Large Animal Osteotomy Model
6. Manuscript Identifying Number (if you know it):

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NuVasive	☐	☑	☐	☐	
Orthofix	☐	☑	☐	☐	
Smith and Nephew	☐	☑	☐	☐	

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Dr. Iobst reports personal fees from NuVasive, personal fees from Orthofix, personal fees from Smith and Nephew, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name): Mikhail
2. Surname (Last Name): Samchukov
3. Date: 11-March-2020

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

Corresponding Author's Name: Vaida Glatt

5. Manuscript Title: Reverse Dynamization Accelerates Bone Healing in a Large Animal Osteotomy Model

6. Manuscript Identifying Number (if you know it):

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Orthofix	☐	☐	☐	☑	Royalty
Orthofix	☐	☐	☐	☑	Consaltant
Imex Veterinary	☐	☐	☐	☑	Royalty

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