

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Emily	2. Surname (Last Name) Boersma	3. Date 26-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David Ring
5. Manuscript Title Satisfaction with Alignment after Reduction of a Displaced Fracture of the Distal Radius		
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.

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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

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Dr. Boersma has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Ring

3. Date
26-March-2020

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

5. Manuscript Title
Satisfaction with Alignment after Reduction of a Displaced Fracture of the Distal Radius

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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
Skeletal Dynamics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Wright Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Deputy Editor for Clinical Orthopaedics and Related Research	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stipend
Universities and Hospitals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria for talks
Lawyers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for Expert Review

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Dr. Ring reports other from Skeletal Dynamics, other from Wright Medical, personal fees from Deputy Editor for Clinical Orthopaedics and Related Research, personal fees from Universities and Hospitals, personal fees from Lawyers, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Edwards

3. Date
26-March-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
David Ring

5. Manuscript Title
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Dr. Edwards has nothing to disclose.

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1. Given Name (First Name)
Maria

2. Surname (Last Name)
Nijhuis-van der Sanden

3. Date
26-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
David Ring

5. Manuscript Title
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Dr. Nijhuis-van der Sanden has nothing to disclose.

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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
AO Trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DePuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PATIENT+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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. Teunis reports personal fees from AO Trauma, personal fees from DePuy Synthes , from PATIENT+ , outside the submitted work; .

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