

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

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Section 1. Identifying Information

1. Given Name (First Name) Jörg	2. Surname (Last Name) Schilcher	3. Date 19-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hans Peter Bögl
5. Manuscript Title Reduced risk for reoperation when using intramedullary nailing with protection of the femoral neck in low-energy femoral shaft fractures		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00160R1		

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
ALF Grants, Region Östergötland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
SECTRA AB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Link Sweden AB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy and Lectures
Depuy/Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lectures

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
FORSS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic study support
Swedish Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic study support

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. Schilcher reports grants from ALF Grants, Region Östergötland, during the conduct of the study; personal fees from SECTRA AB, personal fees from Link Sweden AB, personal fees from Depuy/Synthes, grants from FORSS, grants from Swedish Research Council, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Hans Peter

2. Surname (Last Name)
Bögl

3. Date
19-November-2019

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

5. Manuscript Title
Reduced risk for reoperation when using intramedullary nailing with protection of the femoral neck in low-energy femoral shaft fractures

6. Manuscript Identifying Number (if you know it)

-

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Dr. Bögl has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Georg

2. Surname (Last Name)
Zdolsek

3. Date
04-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Hans Peter Bögl

5. Manuscript Title

Reduced risk for reoperation when using intramedullary nailing with protection of the femoral neck in low-energy femoral shaft fractures

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Karl

2. Surname (Last Name)

Michaëlsson

3. Date

19-November-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Hans Peter Bögl

5. Manuscript Title

Reduced risk for reoperation when using intramedullary nailing with protection of the femoral neck in low-energy femoral shaft fractures

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Section 1. Identifying Information

1. Given Name (First Name) Jonas	2. Surname (Last Name) Höijer	3. Date 18-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hans Peter Bögl
5. Manuscript Title Reduced risk for reoperation when using intramedullary nailing with protection of the femoral neck in low-energy femoral shaft fractures		
6. Manuscript Identifying Number (if you know it) 		

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