

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.

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.

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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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Definitions.

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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

Sems 1



Section 1. Identifying	Information	
Given Name (First Name) Andrew	2. Surname (Last Name) Sems	3. Date 25-July-2017
4. Are you the corresponding author	or? Yes ✓ No	Corresponding Author's Name Julie Adams
5. Manuscript Title OPEN TREATMENT OF RADIAL H	EAD FRACTURES	
6. Manuscript Identifying Number (if you know it)	
Section 2. The Work Ur	nder Consideration for Publi	lication
	ncluding but not limited to grants, d	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Section 3. Relevant fin	ancial activities outside the	submitted work.
of compensation) with entities a	s described in the instructions. Uould report relationships that we of interest?	hether you have financial relationships (regardless of amount Jse one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .
Name of Entity	Grant	On-Financial Support? Comments
Zimmer Biomet		Royalties
Section 4. Intellectual	Property Patents & Copyri	ights
Do you have any patents, wheth	er planned, pending or issued, b	oroadly relevant to the work? Yes V No

Sems 2



Section 5. Relationships not severed 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 statements 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. Sems reports other from Zimmer Biomet, outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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

Steinmann 1



Section 1. Identifying Inform	nation							
Given Name (First Name) Scott	2. Surname (Last Name) Steinmann		3. Date 25-July-2017					
4. Are you the corresponding author?	✓ Yes No							
5. Manuscript Title OPEN TREATMENT OF RADIAL HEAD FRACTURES								
6. Manuscript Identifying Number (if you kr	now it)							
Section 2. The Work Under C								
The Work Under C	onsideration for Publ	ication						
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 If yes, please fill out the appropriate information below.								
Name of Entity	Grant? Personal No	on-Financial Other?	Comments					
Zimmer biomet			royalties, intellectual property					
Arthrex			royalties, consulting					
Elsevier			honorarium					
Section 4. Intellectual Proper								
Intellectual Property Patents & Copyrights								
Do you have any patents, whether plan	ned, pending or issued, b	proadly relevant to the	work? Yes No					

Steinmann 2



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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
zimmer biomet			✓	✓		radial head replacement	
Section 5. Relationshi	ips not cove	red abo	ove				
Are there other relationships or potentially influencing, what yo				eive to have	influenced, or t	nat give the appearance of	
Yes, the following relationsh No other relationships/cond	•			•	•	est	
At the time of manuscript accep On occasion, journals may ask a							nents
Section 6. Disclosure S	Statement						
Based on the above disclosures below.	, this form wil	l automa	atically gene	erate a disclo	sure statement,	which will appear in the box	(
Dr. Steinmann reports persona the submitted work; In additio			•				le

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Steinmann 3



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Adams 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Julie	2. Surname (Last Name) Adams	3. Date 24-July-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steinmann
5. Manuscript Title Open treatment of radial head fractures	5	
6. Manuscript Identifying Number (if you kr	now it)	
		_
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Use port relationships that we est?	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
ii yes, picase iiii out tile appropriate iiiit		
Name of Entity	Grant? Personal Nor	or-Financial Other? Comments
zimmer biomet		royalties, patent
arthrex		royalties, consulting
elsevier	✓	honorarium
Section 4. Intellectual Proper	ty Patents & Copyric	ahts
Do you have any patents, whether plan		

Adams 2



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.

Patent?	Pending?	Issued?	Licensed	Royalties?	Licensee?	Comments	
Zimmer Biomet Radial head			✓	√		radial head replacement	
Section 5. Relationsh	nips not cove	ered ab	ove				
Are there other relationships o potentially influencing, what y			•	eive to have	influenced, or th	nat give the appearance of	
Yes, the following relations No other relationships/con	•			•	•	est	
At the time of manuscript acce On occasion, journals may ask						•	nents.
Section 6. Disclosure	Statement						
Based on the above disclosure below.	s, this form wi	ll automa	atically gene	erate a disclo	sure statement,	which will appear in the box	(
Dr. Adams reports personal fe- submitted work; In addition, [•		•		3

Evaluation and Feedback

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Adams 3