ICMJE DISCLOSURE FORM

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
Time frame: Since the initial planning of the work					
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None United States Department of Defense	(Contract Number W81XWH-09-1-0108)		
Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None			
3	Royalties or licenses	None	Coorstek - not related to ring fixators or IM nails.		

4	Consulting fees	None	Stryker - not related to ring fixators or IM nails.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	None	Imagen - not related to ring fixators or IM nails.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	_X_None	

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.