ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Jan Erik  
2. Surname (Last Name)  
   Madsen  
3. Date  
   13-October-2015  
4. Are you the corresponding author?  
   No

Corresponding Author’s Name  
John Clarke- Jenssen

5. Manuscript Title  
Long-term survival of the native hip joint in minimally displaced non-operatively treated acetabular fractures.

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?  
No

---

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
No

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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?  
No
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Section 6. Disclosure Statement

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Dr. Madsen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name) Stein
2. Surname (Last Name) Øvre
3. Date 14-October-2015
4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name
   John Clarke-Jenssen
5. Manuscript Title
   Long-term survival of the native hip joint in minimally displaced non-operatively treated acetabular fractures.
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

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Dr. Øvre has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Olav
2. Surname (Last Name) Røise
3. Date 15-October-2015
4. Are you the corresponding author? ☑ Yes
5. Manuscript Title Long-term survival of the native hip joint in minimally displaced non-operatively treated acetabular fractures
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.)? ☑ Yes

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Dr. Røise has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Annette Konstanse Bordewich
2. Surname (Last Name) Wikerøy
3. Date 14-October-2015

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

Corresponding Author’s Name
John Clarke-Jenssen

5. Manuscript Title
Long-term survival of the native hip joint in minimally displaced non-operatively treated acetabular fractures

6. Manuscript Identifying Number (if you know it)

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Dr. Wikerøy has nothing to disclose.

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1. Given Name (First Name)  
John

2. Surname (Last Name)  
Clarke-Jenssen

3. Date  
13-October-2015

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

5. Manuscript Title  
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Dr. Clarke-Jenssen has nothing to disclose.

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