ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Peter

2. **Surname (Last Name)**
   - Augat

3. **Date**
   - 16-September-2015

4. **Are you the corresponding author?**
   - No

   *Corresponding Author’s Name*
   - Michael Bottlang

5. **Manuscript Title**
   - Dynamic Stabilization with Active Locking Plates Delivers Faster, Stronger and More Symmetric Fracture Healing

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-15-00705R1

## 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

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- No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Augat has nothing to disclose.

Evaluation and Feedback

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1. **Given Name (First Name)**  
   Emily

2. **Surname (Last Name)**  
   Bliven

3. **Date**  
   16-September-2015

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

   **Corresponding Author’s Name**  
   Michael Bottlang

5. **Manuscript Title**  
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6. **Manuscript Identifying Number (if you know it)**  
   JBJJ-D-15-00705R1

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Bottlang

3. Date  
   23-June-2015

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

5. Manuscript Title  
   Dynamic Stabilization with Active Locking Plates Delivers Faster, Stronger and More Symmetric Fracture Healing

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   □ No

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<tr>
<td>NIH</td>
<td>✔</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>NIH/NIAMS grant R41AP061201</td>
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<td>Zimmer Corp.</td>
<td>□</td>
<td>□</td>
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Genesis | | | | ✔ | Member  

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--- | --- | --- | --- | --- | --- | ---  
8,790,379 |  | ✔ | ✔ |  | Zimmer |  
8,882,815 |  | ✔ | ✔ |  | Zimmer |  
8,992,583 |  | ✔ | ✔ |  | Zimmer |  

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1. Given Name (First Name)  
Daniel  

2. Surname (Last Name)  
Fitzpatrick  

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23-June-2015  

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Yes ☑ No  

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Julia

2. Surname (Last Name)  
   Henschel

3. Date  
   16-September-2015

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Michael Bottlang

5. Manuscript Title  
   Dynamic Stabilization with Active Locking Plates Delivers Faster, Stronger and More Symmetric Fracture Healing

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-15-00705R1

**Section 2. The Work Under Consideration for Publication**

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   [x] No

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   [x] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Henschel 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)  
   Karina

2. Surname (Last Name)  
   Klein

3. Date  
   16-September-2015

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

Corresponding Author’s Name
   Michael Bottlang

5. Manuscript Title  
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Dr. Klein 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)  
   Steven

2. Surname (Last Name)  
   Madey

3. Date  
   23-June-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Dynamic Stabilization with Active Locking Plates Delivers Faster, Stronger and More Symmetric Fracture Healing

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. 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.

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- [x] 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.

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<td>Zimmer</td>
</tr>
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Dr. Madey reports grants from NIH, other from Zimmer Corp., during the conduct of the study; other from Zimmer Corp., other from APEX Biomedical, other from Genesis, outside the submitted work; In addition, Dr. Madey has a patent 8,790,379 licensed to Zimmer, a patent 8,882,815 licensed to Zimmer, and a patent 8,992,583 licensed to Zimmer.

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<tbody>
<tr>
<td>Brigitte</td>
<td>von Rechenberg</td>
<td>16-September-2015</td>
</tr>
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4. Are you the corresponding author?  
   ✔ No

**Corresponding Author’s Name**  
Michael Bottlang

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Dr. von Rechenberg has nothing to disclose.

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<tr>
<td>Stanley</td>
<td>Tsai</td>
<td>16-September-2015</td>
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4. Are you the corresponding author?  
☐ Yes  ☑ No  
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Michael Bottlang

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Dr. Tsai has nothing to disclose.

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