ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Bart Anton
2. Surname (Last Name)  van Dijkman
3. Date  15-March-2016
4. Are you the corresponding author?  Yes  ✔ No
   Corresponding Author’s Name  Sarah Woltz
5. Manuscript Title  Plate fixation versus nonoperative treatment for displaced midshaft clavicular fractures: a multicenter randomized controlled trial
6. Manuscript Identifying Number (if you know it)  JBJS-D-15-01394

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. van Dijkman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jan Paul

2. Surname (Last Name)  
   Frölke

3. Date  
   15-March-2016

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

   Corresponding Author’s Name  
   Sarah Woltz

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Dr. Frölke has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Pieta

2. Surname (Last Name)  
   Krijnen

3. Date  
   29-February-2016

4. Are you the corresponding author?  
   ☑ Yes

   Corresponding Author’s Name  
   Sarah Woltz

5. Manuscript Title  
   Plate fixation versus nonoperative treatment for displaced midshaft clavicular fractures: a multicenter randomized controlled trial

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-15-01394

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Are there any relevant conflicts of interest?  
   ☑ Yes

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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<tr>
<td>Fonds NutsOhra</td>
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<td>NutsOHRA is non-profit health insurance company in The Netherlands. Fonds NutsOhra is a foundation of this company that supports scientific research</td>
</tr>
</tbody>
</table>

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   ✔ No

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Dr. Krijnen reports grants from Fonds NutsOhra, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Piet
2. Surname (Last Name) de Rijcke
3. Date 15-March-2016
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Sarah Woltz
5. Manuscript Title Plate fixation versus nonoperative treatment for displaced midshaft clavicular fractures: a multicenter randomized controlled trial
6. Manuscript Identifying Number (if you know it) JBJS-D-15-01394

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Dr. de Rijcke has nothing to disclose.

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1. Given Name (First Name)  
niels  
2. Surname (Last Name)  
schep  
3. Date  
16-March-2016  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Sarah Woltz  
5. Manuscript Title  
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Dr. schep has nothing to disclose.

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### Section 1. Identifying Information

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<th>1. Given Name (First Name)</th>
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<td>inger</td>
<td>schipper</td>
<td>27-February-2016</td>
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4. Are you the corresponding author?  
   - ☐ Yes  
   - ✔ No  

Corresponding Author’s Name  
Sarah Woltz

5. Manuscript Title  
Plate fixation versus nonoperative treatment for displaced midshaft clavicular fractures: a multicenter randomized controlled trial

6. Manuscript Identifying Number (if you know it)  
JBJS-D-15-01394

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Are there any relevant conflicts of interest?  
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   - ✔ 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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - ☐ Yes  
   - ✔ No

schipper
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Dr. schipper has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)
   Sylvia

2. Surname (Last Name)
   Stegeman

3. Date
   15-March-2016

4. Are you the corresponding author?  ✔ Yes  No
   Corresponding Author’s Name
   S. Woltz

5. Manuscript Title
   Plate fixation versus nonoperative treatment for displaced midshaft clavicular fractures: a multicenter randomized controlled trial

6. Manuscript Identifying Number (if you know it)
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**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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<td>Fonds NutsOhra</td>
<td>✔</td>
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<td>☐</td>
<td>Grant from a non-profit health insurance company for salary of the researcher (me). They were not involved in the design, recruitment, analysis or manuscript preparation of the study.</td>
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Dr. Stegeman reports grants from Fonds NutsOhra, during the conduct of the study; .

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1. Given Name (First Name)  
Thom

2. Surname (Last Name)  
van Thiel

3. Date  
16-March-2016

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

Corresponding Author’s Name  
Sarah Woltz

5. Manuscript Title  
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Dr. van Thiel has nothing to disclose.

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1. Given Name (First Name)  
   Sarah

2. Surname (Last Name)  
   Woltz

3. Date  
   27-February-2016

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

5. Manuscript Title  
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