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)  
Andy

2. Surname (Last Name)  
Brooksbank

3. Date  
03-April-2017

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

Corresponding Author’s Name  
Ewan B Goudie

5. Manuscript Title  
Clavicle shortening does not influence the early functional outcome or patient satisfaction after nonoperative management of displaced midshaft clavicle fractures

6. Manuscript Identifying Number (if you know it)

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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?  
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Dr. Brooksbank has nothing to disclose.

Evaluation and Feedback

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   - No  
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Corresponding Author’s Name  
Ewan B Goudie
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Section 1. Identifying Information

1. Given Name (First Name)  
   Chris

2. Surname (Last Name)  
   Lawrence

3. Date  
   29-September-2016

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Mike Robinson

5. Manuscript Title  
   THE INFLUENCE OF SHORTENING ON CLINICAL OUTCOME IN HEALED, DISPLACED, MIDSHAFT CLAVICLE FRACTURES AFTER NONOPERATIVE TREATMENT.

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Dr. Lawrence has nothing to disclose.

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<td>Goudie</td>
<td>29-September-2016</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Mike Robinson

5. Manuscript Title
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1. Given Name (First Name) Iain
2. Surname (Last Name) Murray
3. Date 29-September-2016

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

   Corresponding Author’s Name
   Mike Robinson

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Section 1. Identifying Information

1. Given Name (First Name)
   Mike

2. Surname (Last Name)
   Robinson

3. Date
   29-September-2016

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

5. Manuscript Title
   THE INFLUENCE OF SHORTENING ON CLINICAL OUTCOME IN HEALED, DISPLACED, MIDSHAFT CLAVICLE FRACTURES AFTER NONOPERATIVE TREATMENT.

6. Manuscript Identifying Number (if you know it)
   JBJS-D-16-01010R1

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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

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Dr. Robinson has nothing to disclose.

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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.

2. The work under consideration for publication.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mike  

2. Surname (Last Name)  
   Wilson  

3. Date  
   29-September-2016  

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  

   Corresponding Author’s Name  
   Mike Robinson  

5. Manuscript Title  
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### Section 1. Identifying Information

1. Given Name (First Name)    
   Nick

2. Surname (Last Name)    
   Clement

3. Date    
   29-September-2016

4. Are you the corresponding author?  
   Yes [x]  No [ ]   
   Corresponding Author's Name    
   Mike Robinson

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