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)  
   David

2. Surname (Last Name)  
   Ring

3. Date  
   06-January-2017

4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   Corresponding Author’s Name  
   Gijs Helmerhorst

5. Manuscript Title  
   Pain relief after operative treatment of an extremity fracture: a noninferiority randomized clinical trial

6. Manuscript Identifying Number (if you know it)

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   ☑ Yes  ☐ No

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

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Dr. Ring reports grants from Stichting Merel, during the conduct of the study; grants and other from Skeletal Dynamics, other from Wright Medical, personal fees from Deputy Editor for Clinical Orthopaedics and Related Research, personal fees from Universities and Hospitals, personal fees from Lawyers, outside the submitted work; .
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Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Kloen

3. Date  
   16-January-2017

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Gijs Helmerhorst

5. Manuscript Title  
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Dr. Kloen reports grants from Stichting Merel, during the conduct of the study.

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Helmerhorst
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1. Given Name (First Name)  
   Gijis

2. Surname (Last Name)  
   Helmerhorst

3. Date  
   16-January-2017

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

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  Ruben
2. Surname (Last Name)  Zwiers
3. Date  16-January-2017
4. Are you the corresponding author?  ☑ Yes  ☐ No
   Corresponding Author’s Name  Gijs Helmerhorst
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