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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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
   Elena

2. Surname (Last Name)  
   Losina

3. Date  
   12-October-2017

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

5. Manuscript Title  
   The cost-effectiveness of surgical fixation of distal radius fractures: A computer model-based evaluation of three operative modalities

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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Dr. Elena Losina is the Deputy Editor of JBJS.

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Section 6. Disclosure Statement

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Dr. Losina reports grants from K24 NIAMS/NIH grant, during the conduct of the study; and Dr. Elena Losina is the Deputy Editor of JBJS.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Prashant

2. Surname (Last Name)  
   Rajan

3. Date  
   02-February-2017

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
The cost-effectiveness of surgical fixation of distal radius fractures: A computer model-based evaluation of three operative modalities

6. Manuscript Identifying Number (if you know it)

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<td>❌</td>
<td>T32 Training Grant (AR055885)</td>
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Dr. Rajan reports grants from National Institutes of Health, during the conduct of the study.

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1. Given Name (First Name)  
   George  
2. Surname (Last Name)  
   Dyer  
3. Date  
   02-February-2017

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author's Name  
   Elena Losina, PhD

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   ✔ No

Dyer

2
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I direct an orthopaedic residency program that receives grant support from Depuy Synthes and Stryker, two companies that manufacture equipment for ORIF of distal radius fractures.

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Section 1. Identifying Information

1. Given Name (First Name)  Rameez
2. Surname (Last Name)  Qudsi
3. Date  06-February-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Elena Losina, PhD
5. Manuscript Title
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