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.

4. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  Phong
2. Surname (Last Name)  Tran
3. Date  10-June-2017
4. Are you the corresponding author?  No
5. Manuscript Title
A randomized controlled trial comparing one, three or six weeks of immobilization on function and pain following open reduction and internal fixation for distal radius fractures in adults.
6. Manuscript Identifying Number (if you know it)
JBJS-D-17-00912R1

**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.)?  No

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Are there any relevant conflicts of interest?  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tran has nothing to disclose.

Evaluation and Feedback

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**Royalties**: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Terry
2. Surname (Last Name) Haines
3. Date 07-October-2017
4. Are you the corresponding author? Yes No ✔
5. Manuscript Title
A randomized controlled trial comparing one, three or six weeks of immobilization on function and pain following open reduction and internal fixation for distal radius fractures in adults.
6. Manuscript Identifying Number (if you know it) JBJS-D-17-00912R1

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? Yes No ✔

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No ✔

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DorsaVi Pty Ltd</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Provision of economic evaluation and statistical analysis support.</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No ✔
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Dr. Haines reports personal fees from DorsaVi Pty Ltd, outside the submitted work; .

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Section 1.
Identifying Information

1. Given Name (First Name)  Jennifer
2. Surname (Last Name)  Keating
3. Date  10-May-2017
4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name  Narelle Watson

5. Manuscript Title
A randomized controlled trial comparing one, three or six weeks of immobilization on function and pain following open reduction and internal fixation for distal radius fractures in adults
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Are there any relevant conflicts of interest?  ☑ No

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Dr. Keating has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Narelle

2. Surname (Last Name)  
   Watson

3. Date  
   21-July-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   A randomized controlled trial comparing one, three or six weeks of immobilization on function and pain following open reduction and internal fixation for distal radius fractures in adults.

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