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.

2. The work under consideration for publication.

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

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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)
   Hao-Hua

2. Surname (Last Name)
   Wu

3. Date
   29-October-2018

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

   Corresponding Author's Name
   Sravya Challa

5. Manuscript Title
   Development of Squat-and-Smile Test as Proxy for Femoral Shaft Fracture-Healing in Patients in Dar es Salaam, Tanzania

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Wu reports grants from Wyss Medical Foundation, grants from Orthopaedic Research and Education Foundation (OREF), grants from Orthopaedic Trauma Association, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   BILLY

2. Surname (Last Name)  
   HAONGA

3. Date  
   23-October-2018

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Sravya T. Challa

5. Manuscript Title  
   Development of the ”squat and smile” test as a proxy for fracture healing in patients with femoral shaft fractures in Dar es Salaam, Tanzania

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00387R3.

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Dr. HAONGA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Sravya
2. Surname (Last Name)  Challa
3. Date  15-May-2018
4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
"Validity and reliability of the "squat and smile" test as a functional outcome assessment in patients with femoral shaft fractures in Dar es Salaam, Tanzania,"
6. Manuscript Identifying Number (if you know it)  JBJS-D-18-00387

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Ms. Challa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Edmund

2. Surname (Last Name)  
   Eliezer

3. Date  
   15-May-2018

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

   Corresponding Author’s Name  
   Sravya T. Challa

5. Manuscript Title  
   "Validity and reliability of the "squat and smile" test as a functional outcome assessment in patients with femoral shaft fractures in Dar es Salaam, Tanzania,"

6. Manuscript Identifying Number (if you know it)  
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Dr. Eliezer has nothing to disclose.

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<td>Max</td>
<td>Liu</td>
<td>15-May-2018</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
<td>No</td>
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<td></td>
<td>No</td>
<td>✔</td>
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Corresponding Author's Name
Sravya T. Challa

5. Manuscript Title
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Are there any relevant conflicts of interest?  
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No  

Liu
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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
   Saam

2. Surname (Last Name)  
   Morshed

3. Date  
   15-May-2018

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

Corresponding Author’s Name  
Sravya T. Challa

5. Manuscript Title  
   "Validity and reliability of the "squat and smile" test as a functional outcome assessment in patients with femoral shaft fractures in Dar es Salaam, Tanzania,"

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00387

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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   Yes ☐  No ☑

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ☐  No ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Morshed has nothing to disclose.

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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.

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<td>David</td>
<td>Shearer</td>
<td>15-May-2018</td>
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4. Are you the corresponding author?  

- [ ] Yes  
- [x] No

Corresponding Author’s Name  
Sravya T. Challa

5. Manuscript Title  
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Are there any relevant conflicts of interest?  

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Dr. Shearer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Lewis
2. Surname (Last Name)  Zirkle
3. Date  15-May-2018
4. Are you the corresponding author?  No

5. Manuscript Title
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Corresponding Author’s Name  Sravya T. Challa

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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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Dr. Zirkle reports non-financial support from SIGN Fracture Care International, during the conduct of the study.

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