ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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Section 1. Identifying Information

1. Given Name (First Name)  Mostafa
2. Surname (Last Name)  El Moumni
3. Date  13-September-2018
4. Are you the corresponding author?  Yes  ✔ No

Corresponding Author’s Name
P v Gerven

5. Manuscript Title
Is routine radiography following the initial 2-week follow-up of trauma patients with distal radius fractures necessary? The Warrior-TRIAL: a multicenter randomized controlled trial.

6. Manuscript Identifying Number (if you know it)

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Dr. El Moumni reports grants from ZonMw, The Netherlands Organization for Health Research and Development, during the conduct of the study;

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Section 1. Identifying Information

1. Given Name (First Name) Pieta
2. Surname (Last Name) Krijnen
3. Date 21-September-2018
4. Are you the corresponding author? 
   Yes ✔ No
5. Manuscript Title
   Is routine radiography following the initial 2-week follow-up of trauma patients with distal radius fractures necessary? The Warrior-TRIAL: a multicenter randomized controlled trial.
6. Manuscript Identifying Number (if you know it)

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Sidney

2. Surname (Last Name)  
Rubinstein

3. Date  
17-September-2018

4. Are you the corresponding author?  
Yes  ✔  No

5. Manuscript Title  
Is routine radiography following the initial 2-week follow-up of trauma patients with distal radius fractures necessary? The Warrior-TRIAL: a multicenter randomized controlled trial.

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Yes  ☐  No  ✔

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**Section 1. Identifying Information**

1. Given Name (First Name)  Inger
2. Surname (Last Name)  Schipper
3. Date  17-September-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  Marco Frank
2. Surname (Last Name)  Termaat
3. Date  13-September-2018
4. Are you the corresponding author?  Yes ☐  No ☑
   Corresponding Author’s Name  P v Gerven

5. Manuscript Title
   Is routine radiography following the initial 2-week follow-up of trauma patients with distal radius fractures necessary? The Warrior-TRIAL: a multicenter randomized controlled trial.

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Royalties: Funds are coming in to you or your institution due to your patent

van Gerven
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Pieter  
2. Surname (Last Name)  
   van Gerven  
3. Date  
   12-September-2018  
4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No  
5. Manuscript Title  
   Is routine radiography following the initial 2-week follow-up of trauma patients with distal radius fractures necessary? The Warrior-TRIAL: a multicenter randomized controlled trial.

**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  
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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Are there any relevant conflicts of interest?  
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   ✔ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes  
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Section 6. Disclosure Statement

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Dr. van Gerven reports grants from ZonMw, The Netherlands Organization for Health Research and Development, during the conduct of the study; .

Evaluation and Feedback

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
Maurits

2. Surname (Last Name) 
van Tulder

3. Date 
17-September-2018

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

Corresponding Author’s Name
P v Gerven

5. Manuscript Title
Is routine radiography following the initial 2-week follow-up of trauma patients with distal radius fractures necessary? The Warrior-TRIAL: a multicenter randomized controlled trial.

6. Manuscript Identifying Number (if you know it)

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Zuidema
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Wietse P.  
2. **Surname (Last Name)**
   - Zuidema  
3. **Date**
   - 13-September-2018  
4. **Are you the corresponding author?**
   - Yes  
5. **Manuscript Title**
   - Is routine radiography following the initial 2-week follow-up of trauma patients with distal radius fractures necessary? The Warrior-TRIAL: a multicenter randomized controlled trial.  
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Zuidema
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