

## 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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

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

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

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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) Alexander	2. Surname (Last Name) Loeb	3. Date 01-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Babar Shafiq
5. Manuscript Title Catastrophic Failure of a Carbon Fiber-Reinforced Polyetheretherketone Tibial Intramedullary Nail: A Case Report		
6. Manuscript Identifying Number (if you know it) _____		

### 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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  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

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

Dr. Loeb 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) \_\_\_\_\_  
Greg

2. Surname (Last Name) \_\_\_\_\_  
Osgood

3. Date \_\_\_\_\_  
01-May-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name \_\_\_\_\_  
Babar Shafiq

5. Manuscript Title \_\_\_\_\_  
Catastrophic Failure of a Carbon Fiber-Reinforced Polyetheretherketone Tibial Intramedullary Nail: A Case Report

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Carestream	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Support
DePuy, A Johnson & Johnson Company	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paid Presenter, Research Support
Siemens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research Support
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paid Consultant, Research Support
Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paid Consultant/Presenter, Research Support

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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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- Yes, the following relationships/conditions/circumstances are present (explain below):  
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Clinical Orthopaedics and Related Research (Editorial or Governing Board); Foundation for Orthopaedic Trauma (board or committee member); Journal of Orthopaedics and Traumatology (editorial or governing board); Orthopaedic Trauma Association (board or committee member); Techniques in Orthopaedics (editorial or governing board); Wolters Kluwer Health - Lippincott Williams & Wilkins (editorial or governing board)

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Dr. Osgood reports non-financial support from Carestream, personal fees and non-financial support from DePuy, A Johnson & Johnson Company, non-financial support from Siemens, personal fees and non-financial support from Stryker, personal fees and non-financial support from Synthes, outside the submitted work; and Clinical Orthopaedics and Related Research (Editorial or Governing Board); Foundation for Orthopaedic Trauma (board or committee member); Journal of Orthopaedics and Traumatology (editorial or governing board); Orthopaedic Trauma Association (board or committee member); Techniques in Orthopaedics (editorial or governing board); Wolters Kluwer Health - Lippincott Williams & Wilkins (editorial or governing board).

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1. Given Name (First Name) Stuart	2. Surname (Last Name) Mitchell	3. Date 01-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Babar Shafiq
5. Manuscript Title Catastrophic failure of a carbon fiber–reinforced polyetheretherketone tibial intramedullary nail: a case report		
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Dr. Mitchell has nothing to disclose.

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1. Given Name (First Name)  
Babar

2. Surname (Last Name)  
Shafiq

3. Date  
01-May-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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