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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)
   Andrew

2. Surname (Last Name)
   Duckworth

3. Date
   17-December-2017

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

5. Manuscript Title
   Tension Band Wire Fixation of Olecranon Fractures

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

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.

<table>
<thead>
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<tbody>
<tr>
<td>SORT-IT Research Charity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>SORT-IT orthopaedic research charity supported the running of the trial through their research team, for which I was the fellow for one year (2010-2011).</td>
</tr>
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**Section 3. Relevant financial activities outside the submitted work.**

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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?  
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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. Duckworth reports other from SORT-IT Research Charity, during the conduct of the study;

Evaluation and Feedback

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Jeff</td>
<td>Reid</td>
<td>17-December-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Tension Band Wire Fixation of Olecranon Fractures

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Dr. Reid has nothing to disclose.

Evaluation and Feedback

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Sam</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Molyneux</td>
</tr>
<tr>
<td>3. Date</td>
<td>17-December-2017</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Andrew Duckworth</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Tension Band Wire Fixation of Olecranon Fractures</td>
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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Molyneux has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Tom  

2. Surname (Last Name)  
   Carter  

3. Date  
   17-December-2017  

4. Are you the corresponding author?  
   Yes  ✔  No  

5. Manuscript Title  
   Tension Band Wire Fixation of Olecranon Fractures  

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1. Given Name (First Name)  
   Tim

2. Surname (Last Name)  
   White

3. Date  
   17-December-2017

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

   Corresponding Author’s Name  
   Andrew Duckworth

5. Manuscript Title  
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