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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Teresa</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Bigler</td>
</tr>
<tr>
<td>3. Date</td>
<td>07-September-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
Relationship between NSAIDs and bone healing after fracture or orthopedic surgery

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.)?

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Dr. Bigler has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Emily

2. **Surname (Last Name)**  
   Weidman-Evans

3. **Date**  
   07-September-2017

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

   **Corresponding Author's Name**  
   Teresa Bigler

5. **Manuscript Title**  
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Dr. Weidman-Evans has nothing to disclose.

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<tbody>
<tr>
<td>Daniel</td>
<td>Flowers</td>
<td>07-September-2017</td>
</tr>
</tbody>
</table>

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   - Yes  
   - No  
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