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.

5. Relationships not covered above.

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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)  
   Samir

2. Surname (Last Name)  
   Mehta

3. Date  
   26-January-2015

4. Are you the corresponding author?  
   No ✔

5. Manuscript Title  
   Biologic Risk Factors For Nonunion of Bone Fracture

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?  
   No ✔

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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

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<th>Name of Entity</th>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted 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. Mehta reports grants and personal fees from Department of Defense, personal fees from Bioventus, non-financial support from Amgen, personal fees and non-financial support from Smith & Nephew, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   robert

2. Surname (Last Name)  
   zura

3. Date  
   21-January-2015

4. Are you the corresponding author?  
   ✓ Yes   □ No

5. Manuscript Title  
   Biological Risk factors for nonunion of bone fracture

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

If yes, please fill out the appropriate information below.

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Dr. zura reports personal fees from smith nephew, personal fees from cardinal health, personal fees from arthrex, grants from AO/Synthes, personal fees from bioventus, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Della Rocca

3. Date  
   30-March-2015

4. Are you the corresponding author?  
   ✔ Yes  ☐ No  
   Corresponding Author’s Name  
   Robert Zura MD

5. Manuscript Title  
   Biological Risk Factors for Nonunion of Bone Fracture

6. Manuscript Identifying Number (if you know it)

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   ✔ Yes  ☐ No

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</tbody>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

Section 5. Relationships not covered above

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Dr. Della Rocca reports personal fees from Bioventus, during the conduct of the study; grants and personal fees from Depuy-Synthes, other from Intellectual Ventures, personal fees from LifeNet Health, other from Mergenet Medical, other from Amedica, other from The Orthopaedic Implant Company, personal fees from Pacira, outside the submitted work; .
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<td>Steen</td>
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<tr>
<td></td>
<td>Yes</td>
<td>Dr. Robert Zura</td>
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## Section 3. Relevant financial activities outside the submitted work.

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? No
Section 5. Relationships not covered above

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Steen reports being an employee of Bioventus LLC during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.