

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)
Stanislav

2. Surname (Last Name)
Gorbulev

3. Date
20-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hofmann A

5. Manuscript Title
Autologous Iliac Bone Graft versus Biphasic Hydroxyapatite / Calcium Sulfate Cement for Treatment of Bone Defects in Tibial Plateau Fractures. A Prospective, Randomized, Open-label, Multicenter Study

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00680R1

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Dr. Gorbulev has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) _____
Thorsten

2. Surname (Last Name) _____
Guehring

3. Date _____
20-August-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name _____
Hofmann A

5. Manuscript Title _____
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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bone Support Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Prof.. Guehring reports personal fees from Bone Support Inc., during the conduct of the study; .

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1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Hofmann

3. Date
19-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Autologous Iliac Bone Graft versus Biphasic Hydroxyapatite / Calcium Sulfate Cement for Treatment of Bone Defects in Tibial Plateau Fractures. A Prospective, Randomized, Open-label, Multicenter Study

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BoneSupport ABT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compensation for expences and travelling fees

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Section 1. Identifying Information

1. Given Name (First Name) Stefan

2. Surname (Last Name) Huber-Wagner

3. Date 22-August-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name Hofmann A

5. Manuscript Title Autologous Iliac Bone Graft versus Biphasic Hydroxyapatite / Calcium Sulfate Cement for Treatment of Bone Defects in Tibial Plateau Fractures. A Prospective, Randomized, Open-label, Multicenter Study

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bone Support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fees for lectures

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Section 1. Identifying Information

1. Given Name (First Name) Michael J.	2. Surname (Last Name) Raschke	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hofmann A
5. Manuscript Title Autologous Iliac Bone Graft versus Biphasic Hydroxyapatite / Calcium Sulfate Cement for Treatment of Bone Defects in Tibial Plateau Fractures. A Prospective, Randomized, Open-label, Multicenter Study		
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Dr. Raschke has nothing to disclose.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pol M

2. Surname (Last Name)
Rommens

3. Date
20-August-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Hofmann A

5. Manuscript Title
Autologous Iliac Bone Graft versus Biphasic Hydroxyapatite / Calcium Sulfate Cement for Treatment of Bone Defects in Tibial Plateau Fractures. A Prospective, Randomized, Open-label, Multicenter Study

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00680R1

Section 2. The Work Under Consideration for Publication

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BoneSupport ABT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cost compensation and travelling fees

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? Yes No

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Dr. Rommens reports personal fees from BoneSupport ABT, during the conduct of the study; .

Evaluation and Feedback

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Instructions

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1. Given Name (First Name)

Arndt P.

2. Surname (Last Name)

Schulz

3. Date

19-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hofmann A

5. Manuscript Title

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Dr. Schulz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rupert	2. Surname (Last Name) Schupfner	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hofmann A
5. Manuscript Title Autologous Iliac Bone Graft versus Biphasic Hydroxyapatite / Calcium Sulfate Cement for Treatment of Bone Defects in Tibial Plateau Fractures. A Prospective, Randomized, Open-label, Multicenter Study		
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