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”.

3. Relevant financial activities outside the submitted work.

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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)  
Andrew

2. Surname (Last Name)  
Clelland

3. Date  
24-October-2019

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
Prediction of nonunion at six weeks following a displaced midshaft clavicle fracture: a prospective cohort study

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00955R1

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

Section 3. Relevant financial activities outside the submitted work.

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☑ No

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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section 6. disclosure statement

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mr. clelland has nothing to disclose.

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)  
Nicholas

2. Surname (Last Name)  
Clement

3. Date  
24-October-2019

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

Corresponding Author’s Name  
Jamie Nicholson

5. Manuscript Title  
Prediction of nonunion at six weeks following a displaced midshaft clavicle fracture: a prospective cohort study

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00955R1

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Are there any relevant conflicts of interest?  
Yes [ ]  No [x]

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Yes [ ]  No [x]

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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Mr. Clement has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Deborah
2. Surname (Last Name) Macdonald
3. Date 24-October-2019
4. Are you the corresponding author? Yes  No
   Corresponding Author's Name Jamie Nicholson
5. Manuscript Title
   Prediction of nonunion at six weeks following a displaced midshaft clavicle fracture: a prospective cohort study
6. Manuscript Identifying Number (if you know it)
   JBJS-D-19-00955R1

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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
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Section 6. Disclosure Statement

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Ms. Macdonald has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jamie

2. Surname (Last Name)  
   Nicholson

3. Date  
   24-October-2019

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   Prediction of nonunion at six weeks following a displaced midshaft clavicle fracture: a prospective cohort study

6. Manuscript Identifying Number (if you know it)  
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   ✔ No

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Dr. Nicholson has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christopher
2. Surname (Last Name) Robinson
3. Date 19-February-2019
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Jamie Nicholson
5. Manuscript Title
   Prediction of nonunion at six weeks following a displaced midshaft clavicle fracture: a prospective cohort study
6. Manuscript Identifying Number (if you know it)
   JBJS-D-19-00955R1

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Are there any relevant conflicts of interest? Yes No
If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td></td>
<td></td>
<td>Personal consultancy fees and institutional funding received from Accumed, not related to this study</td>
</tr>
</tbody>
</table>

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Dr. Robinson reports grants and personal fees from Accumed, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Hamish
2. Surname (Last Name)  Simpson
3. Date  24-October-2019

4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Jamie Nicholson

5. Manuscript Title
Prediction of nonunion at six weeks following a displaced midshaft clavicle fracture: a prospective cohort study

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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.
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Dr. Simpson has nothing to disclose.

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