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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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Hyojune</td>
<td>Kim</td>
<td>18-November-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   
   Corresponding Author’s Name  
   Kyoung Hwan Koh

5. Manuscript Title  
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Dr. Kim has nothing to disclose.

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1. Given Name (First Name)  
   Do-Hoon

2. Surname (Last Name)  
   Kim

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   18-November-2020

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   No
   
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1. Given Name (First Name)  
   Dong Min  

2. Surname (Last Name)  
   Kim  

3. Date  
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4. Are you the corresponding author?  
   Yes  
   No  

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Erica

2. **Surname (Last Name)**
   - Kholinne

3. **Date**
   - 18-November-2020

4. **Are you the corresponding author?**
   - Yes ☑️ No

5. **Manuscript Title**
   - Do nonsteroidal anti-inflammatory drugs or COX-2 inhibitors increase the nonunion or delayed union rates after fracture surgery?: A follow-up study using data from a common data model database

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-20-01663

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Section 1. Identifying Information

1. Given Name (First Name)  Euisop
2. Surname (Last Name)  Lee
3. Date  18-November-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Kyoung Hwan Koh

5. Manuscript Title
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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>
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<tr>
<td>Wael</td>
<td>Alzahrani</td>
<td>18-November-2020</td>
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</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   Corresponding Author’s Name  
   - Kyoung Hwan Koh

5. Manuscript Title  
   Do nonsteroidal anti-inflammatory drugs or COX-2 inhibitors increase the nonunion or delayed union rates after fracture surgery?: A follow-up study using data from a common data model database

6. Manuscript Identifying Number (if you know it)  
   - JBJS-D-20-01663

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Are there any relevant conflicts of interest?  
- Yes  
- No

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Section 1. Identifying Information

1. Given Name (First Name)  
Ji Wan

2. Surname (Last Name)  
Kim

3. Date  
18-November-2020

4. Are you the corresponding author?  
Yes  Yes  No

Corresponding Author’s Name  
Kyoung Hwan Koh

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   In-Ho

2. Surname (Last Name)  
   Jeon

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   18-November-2020

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   Kyoung Hwan Koh

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Section 1. Identifying Information

1. Given Name (First Name)  Kyoung Hwan
2. Surname (Last Name)  Koh
3. Date  18-November-2020
4. Are you the corresponding author?  Yes  No

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