

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew 2. Surname (Last Name) Duckworth 3. Date 17-December-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Tension Band Wire Fixation of Olecranon Fractures

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

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
SORT-IT Research Charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SORT-IT orthopaedic research charity supported the running of the trial through their research team, for which I was the fellow for one year (2010-2011).

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Duckworth reports other from SORT-IT Research Charity, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jeff	2. Surname (Last Name) Reid	3. Date 17-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Duckworth
5. Manuscript Title Tension Band Wire Fixation of Olecranon Fractures		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Reid has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Sam	2. Surname (Last Name) Molyneux	3. Date 17-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Duckworth
5. Manuscript Title Tension Band Wire Fixation of Olecranon Fractures		
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Dr. Molyneux has nothing to disclose.

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1. Given Name (First Name) Tom	2. Surname (Last Name) Carter	3. Date 17-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Duckworth
5. Manuscript Title Tension Band Wire Fixation of Olecranon Fractures		
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