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)  
Hendrik

2. Surname (Last Name)  
Fuglesang

3. Date  
17-March-2018

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Five-year follow-up results of a prospective randomized controlled study comparing intramedullary nailing to plate fixation of completely displaced midshaft clavicle fractures in adults

6. Manuscript Identifying Number (if you know it)

---

**Section 2. The Work Under Consideration for Publication**

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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?  
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Dr. Fuglesang 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)  Stein Erik
2. Surname (Last Name)  Utvåg
3. Date  17-November-2017
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Five-year follow-up results of a randomized controlled study comparing intramedullary nailing to plate fixation of completely displaced midshaft clavicle fractures in adults.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Utvåg has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  Gunnar Birkeland
2. Surname (Last Name) Flugsrud
3. Date  19-September-2017
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Hendrik F S Fuglesang

5. Manuscript Title
Five-year follow-up results of a randomized controlled study comparing intramedullary nailing to plate fixation of completely displaced midshaft clavicle fractures in adults.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Flugsrud has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ola-Lars

2. Surname (Last Name)  
   Hammer

3. Date  
   20-November-2017

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

   Corresponding Author’s Name  
   Hendrik F S Fuglesang

5. Manuscript Title  
   Five-year follow-up results of a randomized controlled study comparing intramedullary nailing to plate fixation of completely displaced midshaft clavicle fractures in adults.

6. Manuscript Identifying Number (if you know it)

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[ ] No

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Dr. Hammer has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Per-Henrik

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

3. **Date**
   - 20-November-2017

4. **Are you the corresponding author?**
   - Yes [✓] No

   - Corresponding Author’s Name
     - Hendrik F S Fuglesang

5. **Manuscript Title**
   - Five-year follow-up results of a randomized controlled study comparing intramedullary nailing to plate fixation of completely displaced midshaft clavicle fractures in adults.

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Are there any relevant conflicts of interest?

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Dr. Randsborg has nothing to disclose.

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