

## 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.

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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)  
Alejandro

2. Surname (Last Name)  
Marquez-Lara

3. Date  
27-May-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Anna N. Miller

5. Manuscript Title  
NSAID and Bone Healing: A Systematic Review of Research Quality

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

### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Fiesky	2. Surname (Last Name) Nuñez	3. Date 27-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna N. Miller
5. Manuscript Title NSAID and Bone Healing: A Systematic Review of Research Quality		
6. Manuscript Identifying Number (if you know it)		

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

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1. Given Name (First Name) Ian	2. Surname (Last Name) Hutchinson	3. Date 27-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna N. Miller
5. Manuscript Title NSAID and Bone Healing: A Systematic Review of Research Quality		
6. Manuscript Identifying Number (if you know it)		

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### Section 1. Identifying Information

1. Given Name (First Name) Thomas

2. Surname (Last Name) Smith

3. Date 27-May-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Anna N. Miller

5. Manuscript Title NSAID and Bone Healing: Systematic Review of Research Quality

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Orthovative Technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock ownership

### 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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Journal of Surgical Orthopaedic Advances - Deputy Editor - Basic Science

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Dr. Smith reports other from Orthovative Technologies, outside the submitted work; and Journal of Surgical Orthopaedic Advances - Deputy Editor - Basic Science

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### Section 1. Identifying Information

1. Given Name (First Name) Anna      2. Surname (Last Name) Miller      3. Date 26-May-2015

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
NSAID and Bone Healing: A Systematic Review of Research Quality

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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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy, A Johnson & Johnson Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	One-time consulting fee for evaluation of multi-planar frame

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No

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Dr. Miller reports other from DePuy, A Johnson & Johnson Company, outside the submitted work; .

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