

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Brix	3. Date 30-May-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirill Gromov
5. Manuscript Title Completeness and data validity for The Danish Fracture Database		
6. Manuscript Identifying Number (if you know it) UFL-05-13-0274		

### 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

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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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### Section 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) Jakob Vium	2. Surname (Last Name) Fristed	3. Date 29-May-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirill Gromov
5. Manuscript Title Completeness and data validity for The Danish Fracture Database		
6. Manuscript Identifying Number (if you know it) UFL-05-13-0274		

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

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Dr. Fristed has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kirill

2. Surname (Last Name)  
Gromov

3. Date  
02-June-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Completeness and data validity for The Danish Fracture Database

6. Manuscript Identifying Number (if you know it)  
UFL-05-13-0274

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anders      2. Surname (Last Name) Troelsen      3. Date 26-May-2013

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Kirill Gromov

5. Manuscript Title  
Completeness and data validity for The Danish Fracture Database

6. Manuscript Identifying Number (if you know it)  
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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
Biomet, Denmark	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of Nordic Advisory Board
Biomet, Denmark	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel expenses paid
Protesekompagniet, Denmark	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel expenses paid

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Dr. Troelsen reports personal fees from Biomet, Denmark, non-financial support from Biomet, Denmark, non-financial support from Protosekompagniet, Denmark, outside the submitted work; .

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