

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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? 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)
UFL-05-13-0274

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Are there any relevant conflicts of interest? Yes No

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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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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) UFL-05-13-0274

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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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