

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nikolaj

2. Surname (Last Name)
Erin-Madsen

3. Date
10-October-2018

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

5. Manuscript Title
Knee Pain after Tibial Shaft Fracture Treated with Intramedullary Nailing

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Dr. Erin-Madsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tobias Kvanner	2. Surname (Last Name) Aasvang	3. Date 10-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nikolaj Erin-Madsen
5. Manuscript Title Knee Pain after Tibial Shaft Fracture Treated with Intramedullary Nailing		
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Dr. Aasvang has nothing to disclose.

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1. Given Name (First Name)
Bjarke

2. Surname (Last Name)
Viberg

3. Date
10-October-2018

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Nikolaj Erin-Madsen

5. Manuscript Title
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Dr. Viberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Bloch	3. Date 10-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nikolaj Erin-Madsen
5. Manuscript Title Knee Pain after Tibial Shaft Fracture Treated with Intramedullary Nailing		
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Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Peter Toft

2. Surname (Last Name)
Tengberg

3. Date
10-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Nikolaj Erin-Madsen

5. Manuscript Title
Knee Pain after Tibial Shaft Fracture Treated with Intramedullary Nailing

6. Manuscript Identifying Number (if you know it)

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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.)?

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Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tengberg has nothing to disclose.

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