

ICMJE DISCLOSURE FORM

Date: 6/6/2023

Your Name: Sini-Tuuli Koivisto

Manuscript Title: Epidemiology and risk factors for premature physal closure in distal femur fractures

Manuscript Number (if known): AO-2022-432/R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/29/2023

Your Name: Laaksonen Topi

Manuscript Title: Epidemiology and risk factors for premature physeal closure in distal femur fractures

Manuscript Number (if known): AO-2022-432/R2

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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Date: 5/29/2023

Your Name: Ilkka Helenius

Manuscript Title: Epidemiology and risk factors for premature physéal closure in distal femur fractures

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Medtronic	SRS Annual Meeting
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/29/2023

Your Name: Henri Vasara

Manuscript Title: Epidemiology and risk factors for premature physal closure in distal femur fractures

Manuscript Number (if known): AO-2022-432/R2

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Member of the group of delegates in Finnish Medical Association	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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Your Name: Antti Stenroos

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