

ICMJE DISCLOSURE FORM

Date: 08162023

Your Name: Upender Martin Singh



Manuscript Title: Plating Assisted Bone Segment Transport in the femur with 2 internal lengthening nails - a technical note.

Manuscript Number (if known): 16689

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	 None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	 None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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.

ICMJJE DISCLOSURE FORM

Date: Click or tap to enter a date. 8-25-23

Your Name: Click or tap here to enter text. John E. Herzenberg

Manuscript Title: Plating Assisted Bone Segment Transport in the femur with 2 internal lengthening nails - a technical note.

Manuscript Number (if known): 16689

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	Smart TSF External Fixator (Royalties) Smith & Nephew Orthopedics
4	Consulting fees	<input checked="" type="checkbox"/> None	Orthopediatrics Wishbone Orthopedics Orthofix ; NuVasive Specialized Orthopedics
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	Smith & Nephew Orthopedics.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None <i>Turner Radiology</i>	
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:

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ICMJE DISCLOSURE FORM

Date:	16-08-2023
Your Name:	Michael Mørk Petersen
Manuscript Title:	Plating Assisted Bone Segment Transport in the femur with 2 internal lengthening nails - a technical note.
Manuscript Number (if known):	16689

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Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Zimmerbiomet</td> <td style="width: 50%; padding: 2px;">Institutional research grants</td> </tr> </table>	Zimmerbiomet	Institutional research grants	
Zimmerbiomet	Institutional research grants				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
3	Royalties or licenses	X None			
4	Consulting fees	X None			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None			
6	Payment for expert testimony	X None			
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	<table border="1"> <tr> <td>Cancers (scientific journal)</td> <td>Travel support</td> </tr> </table>	Cancers (scientific journal)	Travel support
Cancers (scientific journal)	Travel support				
8	Patents planned, issued or pending	X None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		President Danish Orthopedic Society	Non-financial
		Editorial Board: Orthopedics, The Scientific World Journal	Non-financial
		Topic editor: Cancers	Non-financial
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	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date:	22 August 2023
Your Name:	Ulrik Kähler Olesen
Manuscript Title:	Plating Assisted Bone Segment Transport in the femur with 2 internal lengthening nails - a technical note.
Manuscript Number (if known):	16689

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Time frame: past 36 months			
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3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Board member, Nordic Limb Reconstruction Society	
11	Stock or stock options	X	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None
13	Other financial or non-financial interests	X	None

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X 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:	2023, Aug 23
Your Name:	Klaus Hindsø
Manuscript Title:	Plating Assisted Bone Segment Transport in the femur with 2 internal lengthening nails - a technical note.
Manuscript Number (if known):	16689

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