Dat	e:	_3	/20/2024		
Your Name:		<u> [</u>	Henri Vasara		
Manuscript Title:		1	Incidence and risk factors of adverse events after distal radius fracture fixation with volar locking plates – Retrospective analysis of 2790 patients		
Manuscript Number (if known):		known):			
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	em #1 below, report ne for disclosure is th			vithout time limit. For all other items, the time	
			ntities with whom you have this p or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Member of the group of delegates in Finnish Medical Association	

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13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/20/2024
Your Name:	Antti Stenroos
Manuscript Title:	Incidence and risk factors of adverse events after distal radius fracture fixation with volar locking plates – Retrospective analysis of 2790 patients
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 m	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/20/2024
Your Name:	Petra Tarkiainen
Manuscript Title:	Incidence and risk factors of adverse events after distal radius fracture fixation with volar locking plates – Retrospective analysis of 2790 patients
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 month	s
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
\square	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form

Date	e:	3/20/2024	-
You	r Name:	Anni Aavikko	
Maı	nuscript Title:	Incidence and risk factors of addence fixation with volar lock 2790 patients	verse events after distal radius ing plates – Retrospective analysis of
Mai	nuscript Number (if	known):	
con affe	tent of your manusc cted by the content	arency, we ask you to disclose all relationships/activiti ript. "Related" means any relation with for-profit or n of the manuscript. Disclosure represents a commitme re in doubt about whether to list a relationship/activit	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily
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epic	lemiology of hyperte	ps/activities/interests should be defined broadly. For ension, you should declare all relationships with manu nentioned in the manuscript.	
	em #1 below, report ne for disclosure is th	t all support for the work reported in this manuscript v he past 36 months.	vithout time limit. For all other items, the time
		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)
		-	made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed)	made to you or to your institution)
1	present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution) of the work
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution) of the work Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or indicate none (add rows as needed) Time frame: Since the initial planning None	made to you or to your institution) of the work Click the tab key to add additional rows.

			e all entities with whom you have this onship 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		None	
4	Consulting fees		None	
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers bureaus,			
	manuscript			
	writing or educational			
	events			
6	Payment for expert testimony		None	
7			None	
	attending meetings and/or	Med	Itronic travelling grant	
	travel			
8	Patents planned, issued or		None	
	pending			
9	Participation on	\boxtimes	None	
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	Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in		None	
	other board,			

		me all entities with whom you have this ationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	-	the following statement to indicate your agrewered every question and have not altered the	ement: wording of any of the questions on this form.

Date:	3/20/2024	
Your Name:	Panu H Nordback	
Manuscript Title:	Incidence and risk factors of adverse events after distal radius fracture fixation with volar locking plates – Retrospective analysis of 2790 patients	
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3	Royalties or licenses	None None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or				
	advocacy group, paid or unpaid				
11	Stock or stock options		None		
12	Receipt of equipment,		None		
	materials, drugs, medical writing,				
	gifts or other				
	services				
13	Other financial or non-financial		None		
	interests				
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Date:	3/20/2024
Your Name:	Turkka Anttila
Manuscript Title:	Incidence and risk factors of adverse events after distal radius fracture fixation with volar locking plates – Retrospective analysis of 2790 patients Click or tap here to enter text.
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3	Royalties or licenses	None ■	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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	society, committee or			
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other		None	
	services			
13	Other financial or non-financial interests		None	
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Date:			1/4/2024				
You	r Name:		Jussi Kosola				
Manuscript Title:			L L	Incidence and risk factors of adverse events after distal radius fracture fixation with volar locking plates – Retrospective analysis of 2790 patients			
Mar	nuscript Number (if k	(nown)	:				
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		ipt. "For the re in do os/action, ention all sup	ort for the work reported in this manuscript without time limit. For all other items, the time				
···a··	ne for disclosure is th	ic past	50 months.				
			all entities with whom you have this onship 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			
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.			
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			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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1/4/2024

Date:

Your Name:			Samuli Aspinen						
Manuscript Title:			Incidence and risk factors of adverse events after distal radius fracture fixation with volar locking plates – Retrospective analysis of 2790 patients						
Mar	Manuscript Number (if known):								
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			l entities with whom you have this ship 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								
	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.		estitutional research funding	Received 15 000 € (2021) and 60 000 € (2023) from Official Finnish state research funding to cover the costs for the maintenance and general costs of multiple research projects, including the research group that has also contributed in this manuscript. Click the tab key to add additional rows.					
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).		one						
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