

ICMJE DISCLOSURE FORM

Date: 10/21/2024

Your Name: Ida Tryggedsson

Manuscript Title: Increasing Incidences and Changes in Treatment Trends of Clavicle Fractures in Adults During Two Decades in Denmark. A Nationwide Study with Data from the Danish National Patient Registry

Manuscript Number (if known): [Click or tap here to enter text.]

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

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Date: 10/21/2024

Your Name: Bjarke Viberg

Manuscript Title: Increasing Incidences and Changes in Treatment Trends of Clavicle Fractures in Adults During Two Decades in Denmark. A Nationwide Study with Data from the Danish National Patient Registry

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 10/21/2024

Your Name: Søren Overgaard

Manuscript Title: Increasing Incidences and Changes in Treatment Trends of Clavicle Fractures in Adults During Two Decades in Denmark. A Nationwide Study with Data from the Danish National Patient Registry

Manuscript Number (if known): [Click or tap here to enter text.]

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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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | J%J | Personal payment lecture |
| | | Heraeus | Payment to institution: lectures and course moderator |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <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 type="checkbox"/> None | |
| | | Member of ExCom and NOF Board | |
| | | Head of Steering group Danish Hip Arthroplasty Register | |
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ICMJE DISCLOSURE FORM

Date: 10/21/2024

Your Name: Tazio Maleitzke

Manuscript Title: Increasing Incidences and Changes in Treatment Trends of Clavicle Fractures in Adults During Two Decades in Denmark. A Nationwide Study with Data from the Danish National Patient Registry

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 10/21/2024

Your Name: Arvind Gabriel von Keudell

Manuscript Title: Increasing Incidences and Changes in Treatment Trends of Clavicle Fractures in Adults During Two Decades in Denmark. A Nationwide Study with Data from the Danish National Patient Registry

Manuscript Number (if known): [Click or tap here to enter text.]

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