

ICMJE DISCLOSURE FORM

Date: 12/5/2025

Your Name: [Jan Egil Brattgjerd]

Manuscript Title: [Long-term implant retention after impacted ESIN in paediatric diaphyseal forearm fractures: a retrospective cohort study]

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.

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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.

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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 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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

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: 12/5/2025

Your Name: [Christer Aasheim]

Manuscript Title: [Long-term implant retention after impacted ESIN in paediatric diaphyseal forearm fractures: a retrospective cohort study]

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

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ICMJE DISCLOSURE FORM

Date: 12/5/2025

Your Name: [Astrid Rosenberg]

Manuscript Title: [Long-term implant retention after impacted ESIN in paediatric diaphyseal forearm fractures: a retrospective cohort study]

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

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Date: 12/5/2025

Your Name: [Christoffer Fotland]

Manuscript Title: [Long-term implant retention after impacted ESIN in paediatric diaphyseal forearm fractures: a retrospective cohort study]

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

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Your Name: [Vera Halvorsen]

Manuscript Title: [Long-term implant retention after impacted ESIN in paediatric diaphyseal forearm fractures: a retrospective cohort study]

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