

ICMJE DISCLOSURE FORM

Date: 10/13/2025

Your Name: Linnéa Wretö

Manuscript Title: Classification of Distal Ulnar Fractures Using Cone Beam Computed Tomography (CBCT)
Provides Good Reproducibility and Moderate Reliability

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

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Date: 10/13/2025

Your Name: Lotta Fornander

Manuscript Title: Classification of Distal Ulnar Fractures Using Cone Beam Computed Tomography (CBCT)
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Date: 10/13/2025

Your Name: Nina Kämmerling

Manuscript Title: Classification of Distal Ulnar Fractures Using Cone Beam Computed Tomography (CBCT)
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Manuscript Number (if known): [Click or tap here to enter text.]

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Your Name: Erika Nyman

Manuscript Title: Classification of Distal Ulnar Fractures Using Cone Beam Computed Tomography (CBCT)
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Date: 10/13/2025

Your Name: Maria Moloney

Manuscript Title: Classification of Distal Ulnar Fractures Using Cone Beam Computed Tomography (CBCT)
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7	Support for attending meetings and/or travel	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board,	☒ None <table border="1"> <tr><td></td><td></td></tr> </table>									

		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)						
	society, committee or advocacy group, paid or unpaid	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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.									