

# ICMJE DISCLOSURE FORM

**Date:** 1/3/2023

**Your Name:** Markus Winther Frost

**Manuscript Title:** Complications and risk factors of intramedullary bone lengthening nails: A retrospective multicenter cohort study of 314 FITBONE and PRECICE nails.

**Manuscript Number (if known):** AO-2022-162/R2 RESUBMISSION - (16438)

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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**Please place an "X" next to the following statement to indicate your agreement:**

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| Orthofix         | Me   |  |   |    |           |    |                  |    |          |    |  |
| Smith and Nephew | Me   |  |   |    |           |    |                  |    |          |    |  |
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| 7                | Support for attending meetings and/or travel   | <input type="checkbox"/> None<br><table border="1"> <tr> <td>Nordic LLRS 2022</td> <td>Me</td> </tr> <tr> <td>IPOS 2022</td> <td>Me</td> </tr> <tr> <td></td> <td></td> </tr> </table>   | Nordic LLRS 2022  | Me | IPOS 2022 | Me |                  |    |          |    |  |
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| IPOS 2022        | Me   |  |   |    |           |    |                  |    |          |    |  |
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| 8                | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |    |           |    |                  |    |          |    |  |
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| 9                | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |    |           |    |                  |    |          |    |  |
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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<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |   |    |           |    |                  |    |          |    |  |
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| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> None   |   |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None   |   |
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| <b>13</b> | 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:** 1/4/2023

**Your Name:** Anirejuoritse Bafor

**Manuscript Title:** Complications and risk factors of intramedullary bone lengthening nails: A retrospective multicenter cohort study of 314 FITBONE and PRECICE nails.

**Manuscript Number (if known):** AO-2022-162/R2 RESUBMISSION - (16438)

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)   |  |  |  |  |
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| Time frame: Since the initial planning of the work |  |   |  |  |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |
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| Time frame: past 36 months                         |  |   |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |
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| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |
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| 4                     | Consulting fees  | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Wishbone Medical Inc.</td> <td style="width: 50%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Wishbone Medical Inc.   |  |  |  |  |  |  |
| Wishbone Medical Inc. |  |   |   |  |  |  |  |  |  |
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| 6                     | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>           |   |  |  |  |  |  |  |
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| 8                     | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>           |   |  |  |  |  |  |  |
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| 9                     | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>           |   |  |  |  |  |  |  |
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|----|--|--|---|
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None   |   |
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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:** 03 January 2022

**Your Name:** Molly Duncan

**Manuscript Title:** Complications and risk factors of intramedullary bone lengthening nails: A retrospective multicenter cohort study of 314 FITBONE and PRECICE nails.

**Manuscript Number (if known):** AO-2022-162/R2 RESUBMISSION - (16438)

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.

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| <b>Time frame: Since the initial planning of the work</b> |  |   |   |  |  |  |  |  |  |  |  |  |
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| <b>3</b>  | Royalties or licenses  | <input type="checkbox"/> <b>×</b> None<br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>   |  |  |  |
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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:** 1/3/2023

**Your Name:** Søren Kold

**Manuscript Title:** Complications and risk factors of intramedullary bone lengthening nails: A retrospective multicenter cohort study of 314 FITBONE and PRECICE nails.

**Manuscript Number (if known):** AO-2022-162/R2 RESUBMISSION - (16438)

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| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None   |   |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None   |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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