ICMJE DISCLOSURE FORM

Date: <u>December 20th, 2022</u>
Your Name: Drew Koch
Manuscript Title: Biomechanical Evaluation of Interlocking Nail and Locking Compression Plating for Stabilization
of Ovine Critical-Sized Segmental Tibia Defects
Manuscript number (if known): ATM-22-4886

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		Time frame: Since the initial	planning of the work
1	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests		
Plea	Please summarize the above conflict of interest in the following box:		
N 1	None		
IN.	one		

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

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

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		Time frame: Since the initial	planning of the work
1	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5		XNone	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
_				
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	XNOTIC		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
10	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None			

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

Date: <u>December 20th, 2022</u>
Your Name: Quinn Smith
Manuscript Title: Biomechanical Evaluation of Interlocking Nail and Locking Compression Plating for Stabilization
of Ovine Critical-Sized Segmental Tibia Defects
Manuscript number (if known): ATM-22-4886

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5		XNone	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
_				
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	XNOTIC		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
10	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None			

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

Date: <u>December 20th, 2022</u>			
Your Name: Chloe Brekhus			
Manuscript Title: Biomechanical Evaluation of Interlocking Nail and Locking Compression Plating for Stabilization			
of Ovine Critical-Sized Segmental Tibia Defects			
Manuscript number (if known): ATM-22-4886			

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5		XNone	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
_				
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	XNOTIC		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
10	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None			

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

Date: <u>December 20th, 2022</u>
Your Name: Benjamin Gadomski
Manuscript Title: Biomechanical Evaluation of Interlocking Nail and Locking Compression Plating for Stabilization
of Ovine Critical-Sized Segmental Tibia Defects
Manuscript number (if known): ATM-22-4886

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		Time frame: Since the initial	planning of the work
1	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5		XNone	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
_				
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	XNOTIC		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
10	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None			

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

Date: <u>December 20th, 2022</u>
Your Name: Ross Palmer
Manuscript Title: Biomechanical Evaluation of Interlocking Nail and Locking Compression Plating for Stabilization
of Ovine Critical-Sized Segmental Tibia Defects
Manuscript number (if known): ATM-22-4886

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5		XNone	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
_				
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	XNOTIC		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
10	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None			

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

Date: <u>December 20th, 2022</u>
Your Name: Jeremiah Easley
Manuscript Title: Biomechanical Evaluation of Interlocking Nail and Locking Compression Plating for Stabilization
of Ovine Critical-Sized Segmental Tibia Defects
Manuscript number (if known): ATM-22-4886

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		Time frame: Since the initial	planning of the work
1	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5		XNone	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
_				
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	XNOTIC		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
10	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None			

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

Date: <u>December 20th, 2022</u>
Your Name: Brad Nelson
Manuscript Title: Biomechanical Evaluation of Interlocking Nail and Locking Compression Plating for Stabilization
of Ovine Critical-Sized Segmental Tibia Defects
Manuscript number (if known): ATM-22-4886

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5		XNone	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
_				
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	XNOTIC		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
10	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None			

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