

ICMJE DISCLOSURE FORM

Date: October 5th, 2021
 Your Name: Jakob Wolynski
 Manuscript Title: Direct Electromagnetic Coupling to Determine Diagnostic Bone Fracture Stiffness
 Manuscript number (if known): _____

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 current manuscript only.

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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.

		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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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.	NIH - NIAMS	R01AR069734-01 - "Early Detection and Prediction of Complex Bone Fracture Healing"
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	1R21AR077323
		COEDIT	AI POC 268597
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	US20210131785A1	Pending
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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

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Date: October 5th, 2021
 Your Name: Milan Ilić
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The author has no conflict of interest to report.

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 Your Name: Kirk McGilvray
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