## ICMJE DISCLOSURE FORM

Date:	2/18/2022
Your Name:	Xavier Griffin
Manuscript Title:	Incidence and quality of care for open fractures in England during 2008-2019: a cohort study using data collected by the Trauma Audit and Research Network
Manuscript Number (if known):	BJJ-2021-1097.R2

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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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)
		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision	Funded by National Institute for Health Research Health Technology Assessment Programme	Funding to employing institution
of study material medical writing,			Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 month	s
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	Clinician Scientist award for XG salary Multiple other grants from NIHR for specific projects outside of the work here	Payment made to institution

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Com made to you or to you	ments (e.g., if payments were your institution)
3	Royalties or licenses	None None	
4	Consulting fees	Johnson and Johnson Ltd- consultancy work   Paymeentmaddectoin:   Stryker – consultancy work   Payment made to i	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in	None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
	•	t to the following statement to indicate your agreeme	
$\boxtimes$	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:	2/18/2022
Your Name:	Andrew Judge
Manuscript Title:	Incidence and quality of care for open fractures in England during 2008-2019: a cohort study using data collected by the Trauma Audit and Research Network.
Manuscript Number (if known):	BJJ-2021-1097.R2

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		e all entities with whom you have this ionship 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.	None	Click the tab key to add additional rows.
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		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)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

		Specifications/Comments (e.g., if payments were elationship 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			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	nswered every question and have not altered the wording of any of the questions on this form.		

## ICMJE DISCLOSURE FORM

Date:	2/18/2022
Your Name:	Dr Anjali Shah
Manuscript Title:	Incidence and quality of care for open fractures in England during 2008-2019: a cohort study using data collected by the Trauma Audit and Research Network.
Manuscript Number (if known):	BJJ-2021-1097.R2

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1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials,	Funded by National Institute for Health Research Health Technology Assessment Programme	Funding to employing institution
	medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Clinician Scientist award for Anjali Shah salary.  (NIHR-CS-2017-17-020)	Payment made to institution

		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)
3	Royalties or licenses	None     ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this onship 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			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			