

ICMJE DISCLOSURE FORM

Date: 3/27/2023

Your Name: Juul Achten

Manuscript Title: Five year outcomes for patients with a displaced fracture of the distal tibia

Manuscript Number (if known): BJJ-2022-1419.R1

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 3/22/2023

Your Name: Matthew Costa

Manuscript Title: Five year outcomes for patients with a displaced fracture of the distal tibia

Manuscript Number (if known): BJJ-2022-1419.R1

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Your Name: Nick Parsons

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		National Institute of Health Research (NIHR)	Funding provided to institute where I am employed (University of Warwick)
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