

ICMJE DISCLOSURE FORM

Date: 10/31/2024

Your Name: Volker Alt

Manuscript Title: Mental health implications of fracture-related infections: A longitudinal quality of life study

Manuscript Number (if known): BJR-2024-0086.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.

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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: 10/31/2024

Your Name: Thilo Hinterberger

Manuscript Title: Mental health implications of fracture-related infections: A longitudinal quality of life study

Manuscript Number (if known): BJR-2024-0086.R2

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ICMJE DISCLOSURE FORM

Date: 10/31/2024

Your Name: Thomas Loew

Manuscript Title: Mental health implications of fracture-related infections: A longitudinal quality of life study

Manuscript Number (if known): BJR-2024-0086.R2

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Your Name: Melvin Mohokum

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Your Name: Markus Rupp

Manuscript Title: Mental health implications of fracture-related infections: A longitudinal quality of life study

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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: 10/31/2024

Your Name: Nike Walter

Manuscript Title: Mental health implications of fracture-related infections: A longitudinal quality of life study

Manuscript Number (if known): BJR-2024-0086.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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Time frame: Since the initial planning of the work								
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <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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