ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Royalties:** Funds are coming in to you or your institution due to your patent

Henry
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Patrick
2. Surname (Last Name) Henry
3. Date 10-June-2016
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
   Outcomes of after-hours hip fracture surgery

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes ☑ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Are there any relevant conflicts of interest? Yes ☐ No ☑

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Dr. Henry reports grants from AO Trauma North America, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)  
Bheeshma

2. Surname (Last Name)  
Ravi

3. Date  
09-June-2016

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Daniel Pincus

5. Manuscript Title  
Outcomes of after-hours hip fracture surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Ravi has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Pincus

3. Date  
   03-March-2017

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
   Outcomes of after-hours hip fracture surgery

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Dr. Pincus has nothing to disclose.

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<td>J. MICHAEL</td>
<td>PATERSON</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author’s Name  
Daniel Pincus

5. Manuscript Title  
Outcomes of after-hours hip fracture surgery

6. Manuscript Identifying Number (if you know it)

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Mr. PATERSON has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Sagar
2. Surname (Last Name)  Desai
3. Date  06-September-2016
4. Are you the corresponding author?  No
5. Manuscript Title  Outcomes of after-hours hip fracture surgery
6. Manuscript Identifying Number (if you know it)

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Dr. Desai reports grants from AO Trauma North America, during the conduct of the study.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Wasserstein

3. Date  
09-June-2016

4. Are you the corresponding author?  

   ✔ Yes  
   ☐ No

   Corresponding Author's Name  
Daniel Pincus

5. Manuscript Title  
Outcomes of after-hours hip fracture surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  

   ✔ Yes  
   ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>☐</td>
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<td>Co-investigator</td>
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Are there any relevant conflicts of interest?  

   ☐ Yes  
   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

   ☐ Yes  
   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):  
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wasserstein reports grants from AO Trauma North America, during the conduct of the study; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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Instructions

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1. Identifying information.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Hans

2. Surname (Last Name)  
Kreder

3. Date  
25-August-2016

4. Are you the corresponding author?  
Yes ☐  No ☑

Corresponding Author’s Name  
Daniel Pincus

5. Manuscript Title  
Outcomes of After-Hours Hip Fracture Surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
Yes ☐ No ☑

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Are there any relevant conflicts of interest?  
Yes ☑ No ☐

If yes, please fill out the appropriate information below.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Kreder reports other from Smith and Nephew, other from Zimmer-Biomet, other from Depuy-Synthes, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Richard

2. Surname (Last Name)  
   Jenkinson

3. Date  
   22-June-2016

4. Are you the corresponding author?  
   Yes  ☑  No

   Corresponding Author’s Name  
   Daniel Pincus

5. Manuscript Title  
   Outcomes of After-Hours Hip Fracture Surgery

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Are there any relevant conflicts of interest?  
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