ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.
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Definitions.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jennifer

2. Surname (Last Name)  
   Hagen

3. Date  
   06-January-2014

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

5. Manuscript Title  
   Biomechanical contribution to atypical femur fractures in patients on bisphosphonates: Are fractures more likely to occur in varus hips?

6. Manuscript Identifying Number (if you know it)

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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

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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
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Section 1. Identifying Information

1. Given Name (First Name)  
   Anna

2. Surname (Last Name)  
   Miller

3. Date  
   07-January-2013

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Jennifer Hagen

5. Manuscript Title  
   Biomechanical contribution to atypical femur fractures in patients on bisphosphonates: Are fractures more likely to occur in varus hips?

6. Manuscript Identifying Number (if you know it)

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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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<th>Name of Entity</th>
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Dr. Miller reports non-financial support from Zimmer, non-financial support from Smith and Nephew, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  William
2. Surname (Last Name)  Abblitt
3. Date  08-January-2014
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Jennifer Hagen
5. Manuscript Title  Biomechanical contribution to atypical femur fractures in patients on bisphosphonates: Are fractures more likely to occur in varus hips?
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  ☑ No

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Dr. Abblitt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Gardner

3. Date  
   06-January-2014

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

   Corresponding Author’s Name  
   Jennifer Hagen

5. Manuscript Title  
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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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Dr. Gardner reports grants from Synthes, during the conduct of the study; personal fees from Synthes, personal fees from Stryker, personal fees from DGIMed Ortho, personal fees from RTI Biologics, personal fees from BoneSupport AB, outside the submitted work. 
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Section 1. Identifying Information

1. Given Name (First Name) Timothy
2. Surname (Last Name) Alton
3. Date 11-January-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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Section 5. Relationships not covered above

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Dr. Alton has nothing to disclose.

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Saam
2. Surname (Last Name)  Morshed
3. Date  08-January-2014
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Biomechanical contribution to atypical femur fractures in patients on bisphosphonates:
Are fractures more likely to occur in varus hips?

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.)?

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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Morshed has nothing to disclose.

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<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<td>Dennis</td>
<td>Ren</td>
<td>07-January-2014</td>
</tr>
</tbody>
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4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
   Biomechanical contribution to atypical femur fractures in patients on bisphosphonates:  
   Are fractures more likely to occur in varus hips?

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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   ✔ No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ren has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) James
2. Surname (Last Name) Krieg
3. Date 15-January-2014
4. Are you the corresponding author? ☐ Yes  ✔ No

Corresponding Author’s Name
Jennifer Hagen

5. Manuscript Title
Biomechanical contribution to atypical femur fractures in patients on bisphosphonates: Are fractures more likely to occur in varus hips?
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

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Krieg reports personal fees from Acumed, personal fees from Synthes, other from Domain Surgical, other from Trice Medical, personal fees from Synthes CMF, personal fees from Seaberg Medical, 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) Kyle
2. Surname (Last Name) Jeray
3. Date 07-January-2014
4. Are you the corresponding author? ☑ No
5. Manuscript Title Biomechanical contribution to atypical femur fractures in patients on bisphosphonates: Are fractures more likely to occur in varus hips?
6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Susan

2. Surname (Last Name)  
   Ott

3. Date  
   21-January-2014

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Jennifer Hagen

5. Manuscript Title  
   Biomechanical contribution to atypical femur fractures in patients on bisphosphonates: Are fractures more likely to occur in varus hips?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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I have done some consulting for a non-profit health care organization (Group Health Research Institute) that does receive some research contracts from pharmaceutical companies.

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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. Ott reports and I have done some consulting for a non-profit health care organization (Group Health Research Institute) that does receive some research contracts from pharmaceutical companies.

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