ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Kevin

2. **Surname (Last Name)**
   - Bozic

3. **Date**
   - 24-March-2016

4. **Are you the corresponding author?**
   - Yes □  No ✔

5. **Manuscript Title**
   - ORIF or Arthroplasty for Displaced Femoral Neck Fractures in Patients Under 65: An Economic Decision Analysis

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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Governance/Leadership Roles:
American Academy of Orthopaedic Surgeons (AAOS) (Council on Research and Quality)
American Association of Hip and Knee Surgeons (AAHKS) (Health Policy, EBPC)
American Joint Replacement Registry (AJRR) (Board of Directors)

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Section 6. Disclosure Statement

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Dr. Bozic reports personal fees from Institute for Healthcare Improvement, personal fees from Harvard Business School, personal fees from Centers for Medicare and Medicaid Services, grants from Agency for Healthcare Research and Quality, grants from National Institutes for Health, grants from California Public Employees' Retirement System, outside the submitted work; and Governance/Leadership Roles:
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Karunakar
### Section 1. Identifying Information

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<th>3. Date</th>
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<tr>
<td>Madhav</td>
<td>Karunakar</td>
<td>24-March-2016</td>
</tr>
</tbody>
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4. Are you the corresponding author?  
   - Yes  
   - No ✔

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Dr. Karunakar has nothing to disclose.

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Leas
## Section 1. Identifying Information

| 1. Given Name (First Name) | Daniel |
| 2. Surname (Last Name)    | Leas   |
| 3. Date                   | 24-March-2016 |
| 4. Are you the corresponding author? | Yes ☑ No |
| Corresponding Author’s Name | Eric Swart |
| 5. Manuscript Title       | ORIF or Arthroplasty for Displaced Femoral Neck Fractures in Patients Under 65: An Economic Decision Analysis |
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Section 1. Identifying Information

1. Given Name (First Name)
   Paulvalery

2. Surname (Last Name)
   Roulette

3. Date
   24-March-2016

4. Are you the corresponding author?
   Yes  No

   Corresponding Author’s Name
   Eric Swart

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<tr>
<td>Eric</td>
<td>Swart</td>
<td>24-March-2016</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

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Dr. Swart has nothing to disclose.

Evaluation and Feedback

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