ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Derek</td>
<td>Ju</td>
<td>02-October-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Charles N. Moon

5. Manuscript Title
Nationwide Analysis of Femoral Neck Fractures in Elderly Patients: A Receding Tide

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] ✔

## 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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Dr. Ju 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)  Carol
2. Surname (Last Name)  Lin
3. Date  02-October-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Charles N. Moon
5. Manuscript Title  Nationwide Analysis of Femoral Neck Fractures in Elderly Patients: A Receding Tide
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) James
2. Surname (Last Name) Mirocha
3. Date 22-March-2017
4. Are you the corresponding author? ☑ No
5. Manuscript Title Nationwide Analysis of Femoral Neck Fractures in Elderly Patients: A Receding Tide
6. Manuscript Identifying Number (if you know it)

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Dr. Mirocha has nothing to disclose.

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1. Given Name (First Name) Charles
2. Surname (Last Name) Moon
3. Date 02-October-2016
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
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Corresponding Author’s Name
Charles N. Moon

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