ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Andrew

2. Surname (Last Name) 
   Hall

3. Date 
   17-September-2017

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

   Corresponding Author’s Name 
   Luke Farrow

5. Manuscript Title 
   Quality of care in hip fracture patients – does compliance to national standards relate to improved outcomes?

6. Manuscript Identifying Number (if you know it) 

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Dr. Hall has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Richard

2. Surname (Last Name)  
   Smith

3. Date  
   17-September-2017

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

Corresponding Author’s Name  
   Luke Farrow

5. Manuscript Title  
   Quality of care in hip fracture patients – does compliance to national standards relate to improved outcomes?

6. Manuscript Identifying Number (if you know it)

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Dr. Smith has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name) Kate
2. Surname (Last Name) James
3. Date 17-September-2017
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title
   "Quality of care in hip fracture patients – does compliance to national standards relate to improved outcomes?"
6. Manuscript Identifying Number (if you know it)

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Kate James has nothing to disclose.

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<td>ADRIAN</td>
<td>WOOD</td>
<td>17-September-2017</td>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name: Luke Farrow

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  PHYO
2. Surname (Last Name)  MYINT
3. Date  17-September-2017
4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name  Luke Farrow

5. Manuscript Title
Quality of care in hip fracture patients – does compliance to national standards relate to improved outcomes?

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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)  
   James

2. Surname (Last Name)  
   Hutchison

3. Date  
   17-September-2017

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

5. Manuscript Title  
   Quality of care in hip fracture patients – does compliance to national standards relate to improved outcomes?

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.  
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 5. Relationships not covered above

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

Dr. Hutchison 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) Graeme
2. Surname (Last Name) Holt
3. Date 17-September-2017
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Luke Farrow

5. Manuscript Title
   Quality of care in hip fracture patients – does compliance to national standards relate to improved outcomes?

6. Manuscript Identifying Number (if you know it)

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

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stryker orthopaedics</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>I provide teaching services in relation to total hip arthroplasty surgery for Stryker UK.</td>
</tr>
</tbody>
</table>

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Dr. Holt reports personal fees from Stryker orthopaedics, from null, outside the submitted work.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Luke</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Farrow</td>
</tr>
<tr>
<td>3. Date</td>
<td>01-July-2017</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes

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Farrow
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