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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Priscilla
2. Surname (Last Name)  Chan
3. Date  18-December-2017
4. Are you the corresponding author?  Yes  ☑️ No

Corresponding Author's Name  Kanu Okike

5. Manuscript Title
Association between Race and Ethnicity and Hip Fracture Outcomes in a Universally-insured Population

6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01178R1

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

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Ms. Chan has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kanu

2. Surname (Last Name)  
   Okike

3. Date  
   13-September-2017

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

5. Manuscript Title  
   Association between Race/Ethnicity and Hip Fracture Outcomes in a Universally-insured Population

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>Non-Financial Support?</th>
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</tbody>
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Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
Pacira Pharmaceuticals |  |  | ✔ |  | 

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**Section 6. Disclosure Statement**

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Dr. Okike reports other from Depuy Synthes Institute, non-financial support from Stryker, non-financial support from Synthes, non-financial support from Synthes, non-financial support from Zimmer, non-financial support from Depuy, non-financial support from Pacira Pharmaceuticals, outside the submitted work.

**Evaluation and Feedback**

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 15-December-2017

4. **Are you the corresponding author?**
   - Yes [x] No [ ]

   **Corresponding Author’s Name**
   - Kanu Okike

5. **Manuscript Title**
   - Association between Race and Ethnicity and Hip Fracture Outcomes in a Universally-insured Population

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-17-01178R1

## 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 [x]

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- Yes [ ] No [x]

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
- Yes [ ] No [x]
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Dr. Navarro 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)  
elizabeth
2. Surname (Last Name)  
paxton
3. Date  
15-December-2017
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☐ Yes  ☑ No  
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Heather

2. Surname (Last Name)  
   Prentice

3. Date  
   14-December-2017

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Kanu Okike

5. Manuscript Title  
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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. Prentice 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.