ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name)  
   Avery

2. Surname (Last Name)  
   Nathens

3. Date  
   05-December-2017

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

   Corresponding Author’s Name  
   Daniel Pincus

5. Manuscript Title  
   Medical Costs of Delayed Hip Fracture Surgery

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01147

## 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  
   [x] No

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   [x] No
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Dr. Nathens has nothing to disclose.

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Huang
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anjie
2. Surname (Last Name) Huang
3. Date 05-December-2017
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Daniel Pincus
5. Manuscript Title Medical Costs of Delayed Hip Fracture Surgery
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01147

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Bheeshma
2. Surname (Last Name)  Ravi
3. Date  05-December-2017
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Daniel Pincus
5. Manuscript Title  Medical Costs of Delayed Hip Fracture Surgery
6. Manuscript Identifying Number (if you know it)  JBJS-D-17-01147

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.)?  No
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ravi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Walter

2. Surname (Last Name)  
   Wodchis

3. Date  
   04-December-2017

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

   Corresponding Author’s Name  
   Daniel Pincus

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Wodchis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Daniel

2. Surname (Last Name)  
Pincus

3. Date  
03-December-2017

4. Are you the corresponding author?  
✔ Yes  
No

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**Royalties:** Funds are coming in to you or your institution due to your patent
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### Section 1. Identifying Information

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<th>Surname (Last Name)</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>David</td>
<td>Wasserstein</td>
<td>05-December-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Medical Costs of Delayed Hip Fracture Surgery

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01147

### 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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<tr>
<td>Hans</td>
<td>Kreder</td>
<td>05-December-2017</td>
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</table>

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

<table>
<thead>
<tr>
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<tr>
<td>Daniel Pincus</td>
</tr>
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5. Manuscript Title
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Dr. Kreder 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) Michael
2. Surname (Last Name) Paterson
3. Date 05-December-2017
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title Medical Costs of Delayed Hip Fracture Surgery
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01147

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes ✔ No

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Section 1. Identifying Information

1. Given Name (First Name)  Richard
2. Surname (Last Name)  Jenkinson
3. Date  05-December-2017
4. Are you the corresponding author?  
   Yes  No  ✔
Corresponding Author’s Name  Daniel Pincus
5. Manuscript Title  Medical Costs of Delayed Hip Fracture Surgery
6. Manuscript Identifying Number (if you know it)  JBJS-D-17-01147

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