ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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Royalties: Funds are coming in to you or your institution due to your patent

Ayers
## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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

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

3. **Date**
   - 09-January-2018

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

5. **Manuscript Title**
   - The Case for Co-Management and Care Pathways for Osteoporotic Hip Fracture Patients

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-17-01288

### 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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### Section 6. Disclosure Statement

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

Dr. Ayers 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)  
   Stephen

2. Surname (Last Name)  
   Kates

3. Date  
   12-December-2017

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

   Corresponding Author’s Name  
   David Ayers

5. Manuscript Title  
   The Case for Co-Management and Care Pathways for Osteoporotic Hip Fracture Patients

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01288

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

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If yes, please fill out the appropriate information below.

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Dr. Kates reports non-financial support from DePuy Synthes Resident research, non-financial support from Arthrex, personal fees from Sage Publications, grants from AO Foundation, non-financial support from AO Foundation - DePuy Synthes, outside the submitted work.

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1. Given Name (First Name)  
Sarah

2. Surname (Last Name)  
McGee

3. Date  
12-December-2017

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[ ] Yes  [x] No

Corresponding Author's Name  
David Ayers

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Dr. McGee has nothing to disclose.

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1. Given Name (First Name)  
   Eric

2. Surname (Last Name)  
   Swart

3. Date  
   12-December-2017

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

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