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)**
   - Roman

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

3. **Date**
   - 21-June-2018

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

   - **Corresponding Author’s Name**
     - Travis Blood

5. **Manuscript Title**
   - Assessment of a Geriatric Hip fracture Program: Analysis of Harmful Adverse Events Using the ‘Global Trigger Tool’

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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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. Hayda reports grants from Lifespan Risk Services, during the conduct of the study; personal fees from DePuy/Synthes, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Travis
2. Surname (Last Name) Blood
3. Date 21-June-2018

4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
Assessment of a Geriatric Hip fracture Program: Analysis of Harmful Adverse Events Using the ‘Global Trigger Tool’

6. Manuscript Identifying Number (if you know it)

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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Goodman
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Avi
2. Surname (Last Name)  Goodman
3. Date  21-June-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Travis Blood
5. Manuscript Title
   Assessment of a Geriatric Hip fracture Program: Analysis of Harmful Adverse Events Using the ‘Global Trigger Tool’
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Peter
2. Surname (Last Name)  Trafton
3. Date  21-June-2018
4. Are you the corresponding author?  ☑ Yes  ☐ No
5. Manuscript Title  Assessment of a Geriatric Hip fracture Program: Analysis of Harmful Adverse Events Using the ‘Global Trigger Tool’
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Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Deren

3. Date  
   21-June-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Travis Blood

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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 ☑

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Deren reports grants from Lifespan Risk Services, during the conduct of the study.

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