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.**

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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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<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Anton</td>
<td>Lambers</td>
<td>26-August-2018</td>
</tr>
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</table>

4. Are you the corresponding author?  
   - Yes □  
   - No ■  

5. Manuscript Title  
   Implant Fracture Analysis of the TFNA Proximal Femoral Nail

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 □  

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

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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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Section 6. Disclosure Statement

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Dr. Lambers 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)  
   Peter

2. Surname (Last Name)  
   D’Alessandro

3. Date  
   26-August-2018

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

   Corresponding Author’s Name  
   Anton Lambers

5. Manuscript Title  
   Implant Fracture Analysis of the TFNA Proximal Femoral Nail

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.

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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes ☐  No ☑
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Dr. D’Alessandro reports personal fees and non-financial support from Smith and Nephew, non-financial support from Ossur, non-financial support from Lima Corporate, outside the submitted work.

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<tbody>
<tr>
<td>Alan</td>
<td>Kop</td>
<td>26-August-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Anton Lambers

5. Manuscript Title
Implant Fracture Analysis of the TFNA Proximal Femoral Nail

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Dr. Kop has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Bertram
2. Surname (Last Name)  Rieger
3. Date  26-August-2018
4. Are you the corresponding author?  ☑ No
5. Manuscript Title  Implant Fracture Analysis of the TFNA Proximal Femoral Nail
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name  Anton Lambers

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Dr. Rieger has nothing to disclose.

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1. Given Name (First Name)  
Piers

2. Surname (Last Name)  
Yates

3. Date  
26-August-2018

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Anton Lambers

5. Manuscript Title  
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consultant for depuy synthes

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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. Yates reports personal fees from Global Orthopaedics, grants from DePuy Synthes, outside the submitted work; and consultant for depuy synthes.

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