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.

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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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Section 1. Identifying Information

1. Given Name (First Name)  
Annelie

2. Surname (Last Name)  
Erdefelt

3. Date  
11-December-2018

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

Corresponding Author’s Name
Karin Modig

5. Manuscript Title  
Obesity paradox holds true for hip fracture patients– a prospective register based cohort study

6. Manuscript Identifying Number (if you know it)  
JBJS-D-18-01249

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Are there any relevant conflicts of interest?  
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Section 6. Disclosure Statement

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Annelie Erdefelt has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**
   - 12-December-2018

4. **Are you the corresponding author?**
   - Yes ✔

5. **Manuscript Title**
   - Obesity paradox holds true for hip fracture patients – a prospective register based cohort study.

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-18-01249

### Section 2. The Work Under Consideration for Publication

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Dr. Cederholm has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margareta</td>
<td>Hedström</td>
<td>11-December-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Karin Modig

5. Manuscript Title  
Obesity paradox holds true for hip fracture patients – a prospective register based cohort study

6. Manuscript Identifying Number (if you know it)  
JBJS-D-18-01249

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Dr. Hedström has nothing to disclose.

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Hedström
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Section 1. Identifying Information

1. Given Name (First Name)  
Karin

2. Surname (Last Name)  
Modig

3. Date  
10-December-2018

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

5. Manuscript Title  
Obesity paradox holds true for hip fracture patients – a prospective register based cohort study.

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

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Section 1. Identifying Information

1. Given Name (First Name) Mats
2. Surname (Last Name) Talbäck
3. Date 12-December-2018
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Karin Modig

5. Manuscript Title
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Dr. Talbäck has nothing to disclose.

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**Grant**: A grant from an entity, generally [but not always] paid to your organization

**Personal Fees**: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support**: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other**: Anything not covered under the previous three boxes

**Pending**: The patent has been filed but not issued

**Issued**: The patent has been issued by the agency

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

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl</td>
<td>Mellner</td>
<td>18-December-2012</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Karin Modig

5. Manuscript Title
Obesity paradox holds true for hip fracture patients – a prospective register based cohort study

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-01249

## 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.)?

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

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