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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Yanchun

2. Surname (Last Name)  
Gao

3. Date  
29-November-2018

4. Are you the corresponding author?  
☑ No  

Corresponding Author’s Name  
Changqing Zhang

5. Manuscript Title  
Vascularized Fibular Grafting in Treatment of Femoral Neck Nonunion: A Prognostic Study Based on Long-term Outcomes

6. Manuscript Identifying Number (if you know it)  
JBJS-D-18-01132

Section 2. The Work Under Consideration for Publication

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Dr. Gao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jimin
2. Surname (Last Name)  Yin
3. Date  29-November-2018
4. Are you the corresponding author?  Yes  ✔  No
   Corresponding Author’s Name  Changqing Zhang
5. Manuscript Title  Vascularized Fibular Grafting in Treatment of Femoral Neck Nonunion: A Prognostic Study Based on Long-term Outcomes
6. Manuscript Identifying Number (if you know it)  JBJS-D-18-01132

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Dr. Yin has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Changqing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Zhang</td>
</tr>
<tr>
<td>3. Date</td>
<td>29-November-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
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</tr>
</tbody>
</table>

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   Hongyi

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   Zhu

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   29-November-2018

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   Changqing Zhang

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