ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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4. **Intellectual Property.**

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Section 1. Identifying Information
1. Given Name (First Name) jaimo
2. Surname (Last Name) ahn
3. Date 12-June-2019
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name joseph bernstein
5. Manuscript Title Randomized-Controlled Trials Evaluating Geriatric Hip Fracture Patients in The Unites States are Rare and Underpowered
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00407R1

Section 2. The Work Under Consideration for Publication
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Dr. ahn has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Bernstein

3. Date  
   29-March-2019

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

5. Manuscript Title  
   Randomized-Controlled Trials Evaluating Geriatric Hip Fracture Patients in The Unites States are Rare and Underpowered

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?  
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Dr. bernstein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
sara  

2. Surname (Last Name)  
weintraub  

3. Date  
12-June-2019  

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

Corresponding Author’s Name  
joseph bernstein  

5. Manuscript Title  
Randomized-Controlled Trials Evaluating Geriatric Hip Fracture Patients in The United States are Rare and Underpowered  

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

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1. Given Name (First Name)  Tyler
2. Surname (Last Name)  Morris
3. Date  12-June-2019
4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name  joseph bernstein

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