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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mario

2. Surname (Last Name)  
   John

3. Date  
   31-January-2014

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

5. Manuscript Title  
   Stress fracture of the femoral neck through previously inserted metallic hardware: A Case Report

6. Manuscript Identifying Number (if you know it)

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   ✗ Yes  
   ✔ No

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Dr. Mario John has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Victor
2. Surname (Last Name)  Anyangwe
3. Date  12-March-2014
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
Stress Fracture of the Femoral Neck Through Previously Inserted Metallic Hardware: A Case Report
6. Manuscript Identifying Number (if you know it)

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   ✔ Yes  
   No

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jabari

2. Surname (Last Name)  
   Martin

3. Date  
   01-February-2014

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

5. Manuscript Title  
   Stress fracture of the femoral neck through previously inserted metallic hardware: A Case Report

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