ICMJE Form for Disclosure of Potential Conflicts of Interest

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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**Definitions.**

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Rao</td>
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<td>3. Date</td>
<td>26-January-2017</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>David Golding</td>
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<td>5. Manuscript Title</td>
<td>Delayed Profunda Femoris Artery Bleeding Post Intramedullary Nailing of Unstable Inter-Trochanteric Fracture</td>
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<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>CC-D-16-00217R1</td>
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### 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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rao 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)  
   Paul

2. Surname (Last Name)  
   Lee

3. Date  
   26-January-2017

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

   Corresponding Author’s Name  
   David Golding

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

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   James

2. Surname (Last Name)  
   Brock

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   26-January-2017

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   Corresponding Author’s Name
   David Golding

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Mr. Brock has nothing to disclose.

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1. Given Name (First Name)  
David  
2. Surname (Last Name)  
Golding  
3. Date  
10-June-2016  
4. Are you the corresponding author?  
✓ Yes  
No  
5. Manuscript Title  
DELAYED NON-IATROGENIC PROFUNDA FEMORIS ARTERY INJURY POST INTRAMEDULLARY NAILING OF UNSTABLE INTER-TROCHANTERIC FRACTURE  
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