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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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

1. Given Name (First Name)  
   Mohamad

2. Surname (Last Name)  
   Shaath

3. Date  
   23-March-2018

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

5. Manuscript Title  
   Management and Outcome of Transepiphyseal Femoral Neck Fracture Dislocation with Transverse Posterior Wall Acetabular Fracture: A Case Report

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
☐ Yes  ✔ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Shaath has nothing to disclose.

Evaluation and Feedback

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### 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>Mark</td>
<td>Adams</td>
<td>29-March-2018</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Management and Outcome of Transepiphysial Femoral Neck Fracture Dislocation with Transverse Posterior Wall Acetabular Fracture: A Case Report

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

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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔ No

Adams
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in 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. Adams has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Reilly

3. Date  
29-March-2018

4. Are you the corresponding author?  
[ ] Yes  [x] No  
Corresponding Author’s Name  
M. Kareem Shaath

5. Manuscript Title  
Management and Outcome of Transepiphyseal Femoral Neck Fracture Dislocation with Transverse Posterior Wall Acetabular Fracture: A Case Report

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Dr. Reilly has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Harsh
2. Surname (Last Name)  
   Shah
3. Date  
   29-March-2018
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No
   Corresponding Author’s Name  
   M. Kareem Shaath
5. Manuscript Title  
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Harsh Shah has nothing to disclose.

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   Michael  

2. Surname (Last Name)  
   Sirkin  

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   29-March-2018  

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

   Corresponding Author's Name  
   M. Kareem Shaath  

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Dr. Sirkin has nothing to disclose.

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