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.

2. The work under consideration for publication.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stephen
2. Surname (Last Name) Aoki
3. Date 24-July-2018

4. Are you the corresponding author? Yes No ✔

Corresponding Author’s Name Lucas Marchand

5. Manuscript Title
Medial Buttress Plate for Femoral Neck Fracture Fixation – A Case Report of Impingement with Hip Flexion.

6. Manuscript Identifying Number (if you know it)

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 ✔

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Are there any relevant conflicts of interest? Yes No ✔

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<thead>
<tr>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
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<tr>
<td>Stryker Medical</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Consultant</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No ✔
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Dr. Aoki reports other from Stryker Medical, outside the submitted work; .

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>michael</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>karns</td>
</tr>
<tr>
<td>3. Date</td>
<td>23-July-1984</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
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</tbody>
</table>

Corresponding Author’s Name
Lucas S. Marchand

5. Manuscript Title
Medial Buttress Plate for Femoral Neck Fracture Fixation – A Case Report of Impingement with Hip Flexion.

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

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

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Dr. Karns has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Thomas F.

2. Surname (Last Name)  
   Higgins

3. Date  
   29-July-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Lucas S Marchand

5. Manuscript Title  
   Medial Buttress Plate for Femoral Neck Fracture Fixation – A Case Report of Impingement with Hip Flexion.

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Section 6. Disclosure Statement

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Dr. Higgins reports personal fees from DePuy Synthes, personal fees from Imagen, other from SMV Holdings, other from Orthogrid, other from NT nPhase, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  Lucas
2. Surname (Last Name)  Marchand
3. Date  07-March-2018
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title  Medial Buttress Plate for Femoral Neck Fracture Fixation - A Case Report of Impingement with Hip Flexion
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