

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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1. Given Name (First Name) Ahmed	2. Surname (Last Name) Habib	3. Date 17-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Muhammad Saleem
5. Manuscript Title Missed out femur neck fracture in stiff person syndrome		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Mujahid	2. Surname (Last Name) Jamil	3. Date 17-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Muhammad Saleem
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1. Given Name (First Name) Muhammad	2. Surname (Last Name) Qahir	3. Date 17-August-2018
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Muhammad

2. Surname (Last Name)  
Saleem

3. Date  
17-August-2018

4. Are you the corresponding author?  Yes  No

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