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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3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

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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)  
   Arvind

2. Surname (Last Name)  
   von Keudell

3. Date  
   10-December-2015

4. Are you the corresponding author?  
   Yes  ✔  No

5. Manuscript Title  
   Closed cephalomedullary nailing in lateral decubitus position for repair of peritrochanteric femur fracture

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   Yes  ✔  No

If yes, please fill out the appropriate information below.

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<thead>
<tr>
<th>Name of Entity</th>
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<tr>
<td>AO Trauma North America</td>
<td>✔</td>
<td></td>
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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?  
   Yes  ✔  No
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Section 6. Disclosure Statement

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Dr. von Keudell reports grants from AO Trauma North America, outside the submitted work.

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)  Edward
2. Surname (Last Name)  Rodriguez
3. Date  11-December-2015
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Closed cephalomedullary nailing in lateral decubitus position for repair of peritrochanteric femur fracture

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

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Section 6. Disclosure Statement

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Dr. Rodriguez reports other from Zimmer, grants from Synthes, other from MXO, outside the submitted work; .

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<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael</td>
<td>Nasr</td>
<td>10-December-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name: Matthew Sloan

5. Manuscript Title
Closed cephalomedullary nailing in lateral decubitus position for repair of peritrochanteric femur fracture

6. Manuscript Identifying Number (if you know it)

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Dr. Nasr has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew
2. Surname (Last Name)  
   Sloan
3. Date  
   10-December-2015
4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Closed cephalomedullary nailing in lateral decubitus position for repair of peritrochanteric femur fracture

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Kempland

2. **Surname (Last Name)**
   - Walley

3. **Date**
   - 10-December-2015

4. **Are you the corresponding author?**
   - Yes [✓]  No

   **Corresponding Author’s Name**
   - Matthew Sloan

5. **Manuscript Title**
   - Closed cephalomedullary nailing in lateral decubitus position for repair of peritrochanteric femur fracture

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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