ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. **Identifying information.**

2. **The work under consideration for publication.**

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Herbert

2. Surname (Last Name)  
   Cooper

3. Date  
   18-January-2017

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Zachary Berliner

5. Manuscript Title  
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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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[ ] Yes  
[ ] No
If yes, please fill out the appropriate information below.

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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

Section 5. Relationships not covered above

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Dr. Cooper reports personal fees from Journal of Arthroplasty, personal fees from Journal of Bone and Joint Surgery, personal fees from AAOS, personal fees from Corin USA, personal fees from KCI Canada, personal fees from KCI USA, personal fees from Medacta USA, personal fees from Zimmer Biomet, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name)  Hepinstall
3. Date  18-January-2017
4. Are you the corresponding author?  Yes  No  ✔
Corresponding Author’s Name  Zachary Berliner
5. Manuscript Title
Management of Vancouver Type-B2 and B3 Periprosthetic Femoral Fractures. Restoring Femoral Length via Preoperative Planning and Surgical Execution Using a Cementless, Tapered, Fluted Stem
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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?  ☐ Yes  ☑ No

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Dr. Hepinstall reports personal fees from Corin USA, personal fees from Stryker USA, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Jose
2. Surname (Last Name) Rodriguez
3. Date 18-January-2017
4. Are you the corresponding author? ☑ Yes  ☐ No

Corresponding Author’s Name Zachary Berliner

5. Manuscript Title
Management of Vancouver Type-B2 and B3 Periprosthetic Femoral Fractures. Restoring Femoral Length via Preoperative Planning and Surgical Execution Using a Cementless, Tapered, Fluted Stem

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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

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Dr. Rodriguez reports personal fees from Exactech, during the conduct of the study; personal fees from Conformis, personal fees from DePuy, personal fees from Medacta, personal fees from Smith and Nephew, personal fees from American Association of Hip and Knee Surgeons, personal fees from Clinical Orthopaedics and Related Research, personal fees from Eastern Orthopaedic Association, from Journal of Arthroplasty, outside the submitted work; .
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Section 1.

Identifying Information

1. Given Name (First Name) Jonathan
2. Surname (Last Name) Robinson
3. Date 18-January-2017

4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name
   Zachary Berliner

5. Manuscript Title
   Management of Peri-Prosthetic Femur Fractures: Pre-Op Planning and Surgical Execution

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Dr. Robinson has nothing to disclose.

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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.**

   Use this section to report 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.

**Definitions.**

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally (but not always) paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  Zachary
2. Surname (Last Name)  Berliner
3. Date  18-January-2017

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

5. Manuscript Title
Management of Peri-Prosthetic Femur Fractures: Pre-Op Planning and Surgical Execution

6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Berliner has nothing to disclose.

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1. Identifying information.
2. The work under consideration for publication.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.
- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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Williams
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Carlos

2. Surname (Last Name)  
Williams

3. Date  
18-January-2017

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

5. Manuscript Title  
Management of Periprosthetic Femur Fractures: Preoperative Planning and Surgical Execution

6. Manuscript Identifying Number (if you know it)

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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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