

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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) Basem	2. Surname (Last Name) Attum	3. Date 19-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. William Obremskey
5. Manuscript Title HEMIARTHROPLASTY FOR FEMORAL NECK FRACTURE		
6. Manuscript Identifying Number (if you know it)		

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Dr. Attum 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) Alex A.	2. Surname (Last Name) Jahangir	3. Date 04-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. William Obremskey
5. Manuscript Title HEMIARTHROPLASTY FOR FEMORAL NECK FRACTURE		
6. Manuscript Identifying Number (if you know it)		

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Dr. Jahangir has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andres	2. Surname (Last Name) Rodriguez-Buitrago	3. Date 19-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. William Obremskey
5. Manuscript Title HEMIARTHROPLASTY FOR FEMORAL NECK FRACTURE		
6. Manuscript Identifying Number (if you know it)		

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Dr. Rodriguez-Buitrago has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Cesar	2. Surname (Last Name) Cereijo	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. William Obremskey
5. Manuscript Title HEMIARTHROPLASTY FOR FEMORAL NECK FRACTURE		
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1. Given Name (First Name)
William

2. Surname (Last Name)
Obremskey

3. Date
19-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
HEMIARTHROPLASTY FOR FEMORAL NECK FRACTURE

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Section 1. Identifying Information

1. Given Name (First Name) Kurt	2. Surname (Last Name) Yusi	3. Date 01-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. William Obremskey
5. Manuscript Title HEMIARTHROPLASTY FOR FEMORAL NECK 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.)?

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Dr. Yusi has nothing to disclose.

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