ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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?  Yes  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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### 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?**  
   Yes ✔

5. **Manuscript Title**  
   HEMIARTHROPLASTY FOR FEMORAL NECK FRACTURE

6. **Manuscript Identifying Number (if you know it)**

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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?**
   - Yes

5. **Manuscript Title**
   - HEMIARTHRPLASTY FOR FEMORAL NECK FRACTURE

6. **Manuscript Identifying Number (if you know it)**
   - 

**Corresponding Author’s Name**

- Dr. William Obremskey

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   - No  
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1. Given Name (First Name) William
2. Surname (Last Name) Obremskey
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4. Are you the corresponding author? Yes ✔ No
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1. Given Name (First Name)  
   Kurt  
2. Surname (Last Name)  
   Yusi  
3. Date  
   01-September-2018  
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   ✔ No  
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Dr. Yusi has nothing to disclose.

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