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)  
Arne
2. Surname (Last Name)  
Borthne
3. Date  
27-August-2018

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

Corresponding Author’s Name  
Sigurd Erik Hoelsbrekken

5. Manuscript Title  
Cross-table lateral x-rays accurately predict displacement in valgus-impacted femoral neck fractures

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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

Borthne
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Dr. Borthne has nothing to disclose.

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)  
   Filip  

2. Surname (Last Name)  
   Dolatowski  

3. Date  
   27-August-2018  

4. Are you the corresponding author?  
   ✔ No  

Corresponding Author’s Name  
Sigurd Erik Hoelsbrekken  

5. Manuscript Title  
   Cross-table lateral x-rays accurately predict displacement in valgus-impacted femoral neck fractures  

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**Section 2. The Work Under Consideration for Publication**

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Dr. Dolatowski has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Sigurd Erik

2. Surname (Last Name)  
   Hoelsbrekken

3. Date  
   27-August-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Cross-table lateral x-rays accurately predict displacement in valgus-impacted femoral neck fractures

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
Max-Joachim

2. Surname (Last Name)  
Temmesfeld

3. Date  
27-August-2018

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Sigurd Erik Hoelsbrekken

5. Manuscript Title  
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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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Dr. Temmesfeld reports grants from Norwegian Association of orthopedic surgery, supported by Ortomedic AS, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
Stein Erik

2. Surname (Last Name)  
Utvåg

3. Date  
27-August-2018

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Yes ☐  No ☑

Corresponding Author’s Name  
Sigurd Erik Hoelsbrekken

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Dr. Utvåg has nothing to disclose.

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