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)**
   Travis

2. **Surname (Last Name)**
   Blood

3. **Date**
   01-August-2014

4. **Are you the corresponding author?**
   - Yes  ✔
   - No

5. **Manuscript Title**
   Atypical Fractures of the Femur: Evaluation and Management

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

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Section 1. Identifying Information

1. Given Name (First Name) Christopher
2. Surname (Last Name) Born
3. Date 01-August-2014
4. Are you the corresponding author? ✔ Yes ☐ No
5. Manuscript Title
Atypical Fractures of the Femur: Evaluation and Management
6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Grant funding for research; consultant</td>
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Dr. Born reports grants and personal fees from Stryker Trauma, outside the submitted work.

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   Eric

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   Cohen

3. Date  
   01-August-2014

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   - No  
   - Yes

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   Ross

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   Feller

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Hayda
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<td>Hayda</td>
<td>01-August-2014</td>
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- [x] Yes  
- [ ] No  

Corresponding Author’s Name  

Christopher Born

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