ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Dy

3. Date  
   09-June-2015

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

Corresponding Author’s Name  
Stephen Lyman, PhD

5. Manuscript Title  
   Racial and socioeconomic disparities in hip fracture care

6. Manuscript Identifying Number (if you know it)

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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.

<table>
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✔ No

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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. Dy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Joseph
2. Surname (Last Name) Lane
3. Date
4. Are you the corresponding author? Yes No
5. Manuscript Title
Racial and socioeconomic disparities in hip fracture care
6. Manuscript Identifying Number (if you know it)

Corresponding Author's Name
Stephen Lyman, PhD

Section 2. The Work Under Consideration for Publication

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<th>Other?</th>
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Title: Lower Limb Geometry in Individuals with atypical fractures

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Scientific Advisory Boards: Bone Therapeutics, Inc., CollPlant, Inc., Grafty’s, Inc. Harvest, Inc., ISTO, Kuros
Consultant: Agnovos, BiologicsMD, RoyalPainMD

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Section 1. Identifying Information

1. Given Name (First Name)  
   Stephen  

2. Surname (Last Name)  
   Lyman  

3. Date  
   09-June-2015  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Racial and socioeconomic disparities in hip fracture care  

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<td>Study of racial disparities in joint replacement</td>
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Dr. Lyman reports grants from NIAMS, grants from AHRQ, grants from NIH, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  Ting Jung
2. Surname (Last Name)  Pan
3. Date  14-October-2014
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Stephen Lyman
5. Manuscript Title  Racial and socioeconomic disparities in hip fracture care
6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   Michael  

2. Surname (Last Name)  
   Parks  

3. Date  
   18-June-2015  

4. Are you the corresponding author?  
   Yes  ☑  No  

5. Manuscript Title  
   Racial and socioeconomic disparities in hip fracture care  

6. Manuscript Identifying Number (if you know it)  

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Parks reports personal fees from Zimmer, outside the submitted work; .

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