ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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   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) Canadian Orthopaedic Trauma Society
2. Surname (Last Name) Ross Leighton, President
3. Date 15-September-2014
4. Are you the corresponding author? Yes ✔ No

Corresponding Author’s Name Rudy Reindl

5. Manuscript Title Intramedullary versus Extramedullary fixation for unstable intertrochanteric fractures: A prospective randomized control trial.
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.)?

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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<td>McGill University</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Participating sites received payments, paid per participant enrolled, via McGill University.</td>
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<tr>
<td>Canadian Orthopaedic Trauma Society</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Grant paid by COTS to McGill University in support of this study</td>
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Are there any relevant conflicts of interest? ✔ Yes No

If yes, please fill out the appropriate information below.
The Canadian Orthopaedic Trauma Society has received financial support from Depuy Synthes for education.

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes  
- No  

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Ross Leighton, President reports other from McGill University, grants from Canadian Orthopaedic Trauma Society, during the conduct of the study; other from Depuy Synthes, outside the submitted work; .
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Elham

2. **Surname (Last Name)**
   - Rahme

3. **Date**
   - 11-September-2014

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

**Corresponding Author’s Name**
- Rudolf Reindl

5. **Manuscript Title**
   - Intramedullary versus extramedullary fixation for unstable intertrochanteric fractures: A prospective randomized control trial

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.)?

Are there any relevant conflicts of interest?  [ ] Yes  ✔ No

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Are there any relevant conflicts of interest?  [ ] Yes  ✔ 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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Nothing to disclose

Evaluation and Feedback

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Harvey

1
Section 1. Identifying Information

1. Given Name (First Name)  
   Edward

2. Surname (Last Name)  
   Harvey

3. Date  
   17-September-2014

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Rudy Reindl

5. Manuscript Title  
   Intramedullary versus Extramedullary fixation for unstable intertrochanteric fractures: A prospective randomized control trial.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Berry

3. Date  
   09-September-2014

4. Are you the corresponding author?  
   Yes  ❑  No

   Corresponding Author’s Name  
   Rudy Reindl

5. Manuscript Title  
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   Rudolf

2. Surname (Last Name)  
   Reindl

3. Date  
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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.)?  

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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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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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. Reindl reports grants from Orthopedic Trauma Association, during the conduct of the study; other from Synthes DuPuy Canada, outside the submitted work.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.