

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Håkon	2. Surname (Last Name) Sandholdt	3. Date 27-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Marie Nyholm
5. Manuscript Title Minimal effect of implant positioning in osteosynthesis with parallel implants in femoral neck fractures		
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

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**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement

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Dr. Sandholdt has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Henrik

2. Surname (Last Name) Palm

3. Date 27-February-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name Anne Marie Nyholm

5. Manuscript Title
Minimal effect of implant positioning in osteosynthesis with parallel implants in femoral neck fractures

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching and development of teaching material
IMS Health Limit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching and development of teaching material
Smith&Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching and development of teaching material
Swemac	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching and development of teaching material
ZimmerBiomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching and development of teaching material
Copenhagen Medical Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Member

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fragility Fracture Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Member

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

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Dr. Palm reports personal fees from Amgen, personal fees from IMS Health Limit, personal fees from Smith&Nephew, personal fees from Swemac, from ZimmerBiomet, other from Copenhagen Medical Society, other from Fragility Fracture Network, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Kirill

2. Surname (Last Name)
Gromov

3. Date
27-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Anne Marie Nyholm

5. Manuscript Title
Minimal effect of implant positioning in osteosynthesis with parallel implants in femoral neck fractures

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Dr. Gromov has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Anne Marie

2. Surname (Last Name)
Nyholm

3. Date
27-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Minimal effect of implant positioning in osteosynthesis with parallel implants in femoral neck fractures

6. Manuscript Identifying Number (if you know it)

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Dr. Nyholm has nothing to disclose.

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1. Given Name (First Name) Anders 2. Surname (Last Name) Troelsen 3. Date 27-February-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Anne Marie Nyholm

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy, Advisory board member
Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for lectures including service on speakers bureaus
Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel/accommodations/meeting expenses unrelated to activities listed
Depuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for lectures including service on speakers bureaus

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Dr. Troelsen reports personal fees from Zimmer Biomet, grants from Zimmer Biomet, personal fees from Zimmer Biomet, grants from Zimmer Biomet, personal fees from Depuy Synthes, outside the submitted work; .

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