

## 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) Houman	2. Surname (Last Name) Javedan	3. Date 04-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henk Jan Schuijt
5. Manuscript Title A culture change in geriatric traumatology		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-02149		

### 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.)?

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Dr. Javedan has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lisa	2. Surname (Last Name) Lehmann	3. Date 04-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henk Jan Schuijt
5. Manuscript Title A culture change in geriatric traumatology		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-02149		

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

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Dr. Lehmann has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Henk Jan

2. Surname (Last Name)

Schuijt

3. Date

04-February-2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

A culture change in geriatric traumatology

6. Manuscript Identifying Number (if you know it)

JBJS-D-20-02149

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Dr. Schuijt has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Arvind

2. Surname (Last Name)  
von Keudell

3. Date  
04-February-2021

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Henk Jan Schuijt

5. Manuscript Title  
A culture change in geriatric traumatology

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JBJS-D-20-02149

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1. Given Name (First Name)

Michael

2. Surname (Last Name)

Weaver

3. Date

04-February-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Henk Jan Schuijt

5. Manuscript Title

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Dr. Weaver has nothing to disclose.

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