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.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Johannes

2. Surname (Last Name)  
   Bastian

3. Date  
   14-September-2020

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

   Corresponding Author’s Name  
   Vera Maren Stetzelberger

5. Manuscript Title  
   Operative Treatment of Acetabular Fractures in the Elderly Has Lower One-year Mortality Compared to Proximal Femur Fractures

6. Manuscript Identifying Number (if you know it)

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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?  
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Dr. Bastian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Iris
2. Surname (Last Name) Brouze
3. Date 14-September-2020
4. Are you the corresponding author? ☑ No

5. Manuscript Title
Operative Treatment of Acetabular Fractures in the Elderly Has Lower One-year Mortality Compared to Proximal Femur Fractures

6. Manuscript Identifying Number (if you know it)

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Dr. Brouze has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Schwab

3. Date  
   14-September-2020

4. Are you the corresponding author?  
   Yes [ ]  No [x]

   Corresponding Author’s Name  
   Vera Maren Stetzelberger

5. Manuscript Title  
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Simon</td>
<td>Steppacher</td>
<td>14-September-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name
Vera Maren Stetzelberger

5. Manuscript Title
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1. Given Name (First Name)  
   Vera

2. Surname (Last Name)  
   Stetzelberger

3. Date  
   14-September-2020

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

5. Manuscript Title  
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Stetzelberger
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1. Given Name (First Name)  
   Moritz

2. Surname (Last Name)  
   Tannast

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   [ ] Yes  
   [✓] No

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   Vera Maren Stetzelberger

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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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Dr. Tannast has nothing to disclose.

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