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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**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
Section 1. Identifying Information

1. Given Name (First Name)  Jessica
2. Surname (Last Name)  McGraw
3. Date  31-October-2019
4. Are you the corresponding author?  ☐ Yes  ☑ No

5. Manuscript Title
Preoperative Angiography Can Guide Treatment of Post-femoral Neck Fracture Capital Femoral Physeal Separation and Displacement

6. Manuscript Identifying Number (if you know it)
CC-D-19-00508

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. McGraw 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)  Cody
2. Surname (Last Name)  Beaver
3. Date  31-October-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Jessica McGraw, MD

5. Manuscript Title
Preoperative Angiography Can Guide Treatment of Post-femoral Neck Fracture Capital Femoral Physeal Separation and Displacement

6. Manuscript Identifying Number (if you know it)
CC-D-19-00508

Section 2. The Work Under Consideration for Publication

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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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Dr. Beaver has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Christian
2. Surname (Last Name)  Douthit
3. Date  31-October-2019
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Jessica McGraw, MD
6. Manuscript Identifying Number (if you know it)  CC-D-19-00508

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. Douthit has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Michel

2. Surname (Last Name)  
   Diab

3. Date  
   31-October-2019

4. Are you the corresponding author?  
   ● Yes  
   ○ No  
   Corresponding Author’s Name  
   Jessica McGraw, MD

5. Manuscript Title  
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○ No

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