

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)

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

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Dr. McGraw has nothing to disclose.

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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		
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Christian

2. Surname (Last Name)
Douthit

3. Date
31-October-2019

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☐ Yes ☒ No

Corresponding Author's Name
Jessica McGraw, MD

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