

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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4. Intellectual Property.

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

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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) Björn-Christian	2. Surname (Last Name) Link	3. Date 14-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter A Cole
5. Manuscript Title Minimally Invasive Plate Osteosynthesis (MIPO) of Periprosthetic Femur Fractures Using Percutaneous Cerclage Wiring for Fracture Reduction: Tips and Technique		
6. Manuscript Identifying Number (if you know it) ST-D-13-00075R1		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Link has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Brian

2. Surname (Last Name)
Hill

3. Date
20-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

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.)?

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Section 6. Disclosure Statement

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Dr. Hill has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Babst

2. Surname (Last Name)
Reto

3. Date
14-March-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Cole Peter

5. Manuscript Title
Minimally Invasive Plate Osteosynthesis (MIPO) of Periprosthetic Femur Fractures
Using Percutaneous Cerclage Wiring for Fracture Reduction: Tips and Technique

6. Manuscript Identifying Number (if you know it)
ST-D-13-00075R1

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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
Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting, Lectures
AO Trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lectures

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. Reto reports personal fees from Synthes, personal fees and non-financial support from AO Trauma, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Theerachai	2. Surname (Last Name) Apivatthakakul	3. Date 14-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter A Cole
5. Manuscript Title Minimally Invasive Plate Osteosynthesis (MIPO) of Periprosthetic Femur Fractures Using Percutaneous Cerclage Wiring for Fracture Reduction: Tips and Technique		
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Dr. Apivatthakakul 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) Peter	2. Surname (Last Name) Cole	3. Date 11-November-2013
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Minimally Invasive Plate Osteosynthesis (MIPO) of Periprosthetic Femur Fractures Using Percutaneous Cerclage Wiring for Fracture Reduction: Tips and Technique		
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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
J and J (Synthes Depuy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant
J and J (Synthes- Depuy)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
AORF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant
Stryker, Zimmer, Acumed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education Grant
BoneFoams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock/Stock Options

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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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