

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

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

5. Relationships not covered above.

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Section 1. Identifying Information

1. Given Name (First Name) Arne	2. Surname (Last Name) Borthne	3. Date 27-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sigurd Erik Hoelsbrekken
5. Manuscript Title Cross-table lateral x-rays accurately predict displacement in valgus-impacted femoral neck fractures		
6. Manuscript Identifying Number (if you know it)		

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Dr. Borthne 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) Filip	2. Surname (Last Name) Dolatowski	3. Date 27-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sigurd Erik Hoelsbrekken
5. Manuscript Title Cross-table lateral x-rays accurately predict displacement in valgus-impacted femoral neck fractures		
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Dr. Dolatowski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Sigurd Erik

2. Surname (Last Name)
Hoelsbrekken

3. Date
27-August-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cross-table lateral x-rays accurately predict displacement in valgus-impacted femoral neck fractures

6. Manuscript Identifying Number (if you know it)

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Dr. Hoelsbrekken has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Max-Joachim

2. Surname (Last Name)
Temmesfeld

3. Date
27-August-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Sigurd Erik Hoelsbrekken

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Norwegian Association of orthopedic surgery, supported by Ortomedic AS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scholarship

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Dr. Temmesfeld reports grants from Norwegian Association of orthopedic surgery, supported by Ortomedic AS, during the conduct of the study; .

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Dr. Utvåg has nothing to disclose.

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