ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Amit
2. Surname (Last Name)  Atrey
3. Date  10-May-2020

4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Gareth Ryan

5. Manuscript Title
   Anemia at presentation predicts acute morbidity and mortality following geriatric hip fracture

6. Manuscript Identifying Number (if you know it)
   JBJSOA-D-20-00048

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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If yes, please fill out the appropriate information below.

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Section 4. Intellectual Property -- Patents & Copyrights

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☐ Yes  ☑ No

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Dr. Atrey reports grants from Smith and Nephew, grants from DePuy, grants from Stryker, grants from Zimmer-Biomet, grants from Biocomposites, 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)  
   Amir

2. Surname (Last Name)  
   Khoshbin

3. Date  
   11-May-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Gareth Ryan

5. Manuscript Title  
   Anemia at presentation predicts acute morbidity and mortality following geriatric hip fracture

6. Manuscript Identifying Number (if you know it)  
   JBJSOA-D-20-00048

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Khoshbin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Luana

2. Surname (Last Name)  
Melo

3. Date  
11-May-2020

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Gareth Ryan

5. Manuscript Title  
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JBJSOA-D-20-00048

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Lauren

2. **Surname (Last Name)**
   Nowak

3. **Date**
   11-May-2020

4. **Are you the corresponding author?**
   - Yes  
   - No

   **Corresponding Author’s Name**
   Gareth Ryan

5. **Manuscript Title**
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6. **Manuscript Identifying Number (if you know it)**
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Aaron

2. Surname (Last Name)  
   Nauth

3. Date  
   11-May-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

   Corresponding Author’s Name  
   Gareth Ryan

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Nauth reports grants and personal fees from Stryker, grants and personal fees from Synthes, grants from Zimmer, grants from Wright medical, grants from Medtronic, outside the submitted work.

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Gareth

2. **Surname (Last Name)**  
   Ryan

3. **Date**  
   10-May-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. **Manuscript Title**  
   Anemia at presentation predicts acute morbidity and mortality following geriatric hip fracture

6. **Manuscript Identifying Number (if you know it)**  
   JBJSOA-D-20-00048

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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.)?

Are there any relevant conflicts of interest?  
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Gareth Ryan has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Emil

2. Surname (Last Name)  
Schemitsch

3. Date  
13-May-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No

Corresponding Author’s Name  
Gareth Ryan / Amir Khoshbin

5. Manuscript Title  
Anemia at presentation predicts morbidity and mortality following geriatric hip fracture

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sarah

2. Surname (Last Name)  
   Ward

3. Date  
   11-May-2020

4. Are you the corresponding author?  
   Yes ☐ No ☑
   Corresponding Author’s Name  
   Gareth Ryan

5. Manuscript Title  
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