

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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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) 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.)?

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

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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
Smith and Nephew	☒	☐	☐	☐	Consultant, Educational Support
DePuy	☒	☐	☐	☐	Consultant, Educational Support
Stryker	☒	☐	☐	☐	Consultant, Educational Support
Zimmer-Biomet	☒	☐	☐	☐	Consultant
Biocomposites	☒	☐	☐	☐	Consultant

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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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Section 6. Disclosure Statement

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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; .

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)

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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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? ☐ 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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Dr. Melo has nothing to disclose.

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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
Anemia at presentation predicts acute morbidity and mortality following geriatric hip fracture

6. Manuscript Identifying Number (if you know it)
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Lauren Nowak has nothing to disclose.

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Synthes	☒	☒	☐	☐	Consultant, Speaking fees, Research/educational support
Zimmer	☒	☐	☐	☐	Research/educational support
Wright medical	☒	☐	☐	☐	Research/educational support
Medtronic	☒	☐	☐	☐	Research/educational support

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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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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
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

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.)?

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Gareth Ryan has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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) 		

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.)?

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

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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
Stryker	☐	☒	☐	☒	Institutional research support
Smith&Nephew	☐	☒	☐	☒	Institutional research support
ITS	☐	☒	☐	☐	
Acumed	☐	☒	☐	☐	
Amgen	☐	☒	☐	☐	
Swemac	☐	☒	☐	☐	
Sanofi	☐	☒	☐	☐	
Depuy-Synthes	☐	☒	☐	☒	Institutional research support

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Heron Therapeutics	☐	☒	☐	☐	
Biocomposites	☒	☐	☐	☐	Research support

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. Schemitsch reports personal fees and other from Stryker, personal fees and other from Smith&Nephew, personal fees from ITS, personal fees from Acumed, personal fees from Amgen, personal fees from Swemac, personal fees from Sanofi, personal fees and other from Depuy-Synthes, personal fees from Heron Therapeutics, 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) 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 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.)?

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

Section 3. Relevant financial activities outside the submitted work.

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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
Smith and Nephew	☒	☐	☐	☐	Fellowship funding grant
Stryker	☒	☐	☐	☐	Fellowship funding grant

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. Ward reports grants from Smith and Nephew, grants from Stryker, outside the submitted work; .

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