

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Alastair

2. Surname (Last Name)

Beaven

3. Date

01-July-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Proximal femoral fracture 30-day mortality at a UK regional elective specialist centre during coronavirus pandemic contingency management

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)
Danielle

2. Surname (Last Name)
Piper

3. Date
01-July-2020

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

5. Manuscript Title
Proximal femoral fracture 30-day mortality at a UK regional elective specialist centre during coronavirus pandemic contingency management

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Caroline

2. Surname (Last Name)
Plant

3. Date
01-July-2020

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

5. Manuscript Title
Proximal femoral fracture 30-day mortality at a UK regional elective specialist centre during coronavirus pandemic contingency management

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1. Given Name (First Name)
Akash

2. Surname (Last Name)
Sharma

3. Date
01-July-2020

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

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Section 1. Identifying Information

1. Given Name (First Name)
George

2. Surname (Last Name)
Cooper

3. Date
23-June-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Alistair Beaven

5. Manuscript Title
Proximal femoral fracture 30-day mortality at a UK regional specialist elective centre during coronavirus pandemic contingency management

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Yuvraj

2. Surname (Last Name)

Agrawal

3. Date

28-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Alastair Bevan

5. Manuscript Title

Proximal femoral fracture 30-day mortality at a UK regional specialist elective centre during coronavirus pandemic contingency management

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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Dr. Agrawal has nothing to disclose.

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