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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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)  Olaf
2. Surname (Last Name)  Wolf
3. Date  22-January-2021
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Pontus Sjöholm
5. Manuscript Title
Anterior and posterior tilt of Garden I and II femoral neck fractures predict treatment failure and reoperation
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Wolf has nothing to disclose.

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<table>
<thead>
<tr>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Sebastian</td>
<td>Mukka</td>
<td>22-January-2021</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Pontus Sjöholm

5. Manuscript Title  
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Dr. Mukka has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Pontus

2. Surname (Last Name)  
Sjöholm

3. Date  
22-January-2021

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

5. Manuscript Title  
Anterior and posterior tilt of Garden I and II femoral neck fractures predict treatment failure and reoperation

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Dr. Sjöholm 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) Max
2. Surname (Last Name) Gordon
3. Date 22-January-2021
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Pontus Sjöholm
5. Manuscript Title
   Anterior and posterior tilt of Garden I and II femoral neck fractures predict treatment failure and reoperation
6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  Jonas
2. Surname (Last Name)  Sundkvist
3. Date  22-January-2021
4. Are you the corresponding author?  [No]
   Corresponding Author’s Name  Pontus Sjöholm
5. Manuscript Title
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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
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)  Olof
2. Surname (Last Name)  Sköldenberg
3. Date  22-January-2021
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Pontus Sjöholm
5. Manuscript Title
   Anterior and posterior tilt of Garden I and II femoral neck fractures predict treatment failure and reoperation
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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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.

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

Dr. Sköldenberg has nothing to disclose.

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