

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Travis

2. Surname (Last Name)
Blood

3. Date
01-August-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christopher Born

5. Manuscript Title
Atypical Fractures of the Femur: Evaluation and Management

6. Manuscript Identifying Number (if you know it)

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Christopher

2. Surname (Last Name)
Born

3. Date
01-August-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant funding for research; consultant

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Born reports grants and personal fees from Stryker Trauma, outside the submitted work.

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Eric

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Cohen

3. Date
01-August-2014

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Yes No

Corresponding Author's Name
Christopher Born

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christopher Born
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