

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Emmanuel	2. Surname (Last Name) Igbokwe	3. Date 14-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon Garceau
5. Manuscript Title Complete Management options and outcomes for patients with femur fractures with post-polio syndrome of the lower extremity: A critical analysis review		
6. Manuscript Identifying Number (if you know it) Reviews-D-19-00146R1		

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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? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Emmanuel Igbokwe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Neufeld	3. Date 10-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon Garceau
5. Manuscript Title Complete Management options and outcomes for patients with femur fractures with post-polio syndrome of the lower extremity: A critical analysis review		
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Dr. Neufeld 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)
Oleg

2. Surname (Last Name)
Safir

3. Date
17-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Simon Garceau

5. Manuscript Title
Complete Management options and outcomes for patients with femur fractures with post-polio syndrome of the lower extremity: A critical analysis review

6. Manuscript Identifying Number (if you know it)
Reviews-D-19-00146R1

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Dr. Safir 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) Jesse	2. Surname (Last Name) Wolfstadt	3. Date 11-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon Garceau
5. Manuscript Title Complete Management options and outcomes for patients with femur fractures with post-polio syndrome of the lower extremity: A critical analysis review		
6. Manuscript Identifying Number (if you know it) Reviews-D-19-00146R1		

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Dr. Wolfstadt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Pierre	2. Surname (Last Name) Guy	3. Date 16-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Simon Garceau
5. Manuscript Title Complete Management options and outcomes for patients with femur fractures with post-polio syndrome of the lower extremity: A critical analysis review		
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Dr. Guy has nothing to disclose.

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1. Given Name (First Name)
John

2. Surname (Last Name)
Wade

3. Date
22-January-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Simon Garceau

5. Manuscript Title
Complete Management options and outcomes for patients with femur fractures with post-polio syndrome of the lower extremity: A critical analysis review

6. Manuscript Identifying Number (if you know it)
Reviews-D-19-00146R1

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Simon

2. Surname (Last Name)
Garceau

3. Date
22-January-2020

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name simon garceau
5. Manuscript Title Complete Management options and outcomes for patients with femur fractures with post-polio syndrome of the lower extremity: A critical analysis review		
6. Manuscript Identifying Number (if you know it) Reviews-D-19-00146R1		

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