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.

Identifying information.

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”.

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research.

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Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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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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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)  
   Allison

2. Surname (Last Name)  
   Piatek

3. Date  
   10/29/2019

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Paul Issack MD, PhD

5. Manuscript Title  
   Hemiarthroplasty for Femoral Neck Fractures in the Elderly: Cemented or Uncemented Femoral Stems?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time

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
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Section 5. Relationships not covered above

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

Allison Piatek 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)  
   Paul  
2. Surname (Last Name)  
   Issack  
3. Date  
   10/29/2019  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  

5. Manuscript Title  
   Hemiarthroplasty for Femoral Neck Fractures in the Elderly:  
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   [ ] Yes  
   [x] No

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Dr. Issack 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)  Michael
2. Surname (Last Name)  DeRogatis
3. Date  10/29/2019

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Paul Issack MD, PhD

5. Manuscript Title
Hemiarthroplasty for Femoral Neck Fractures in the Elderly: Cemented or Uncemented Femoral Stems?

6. Manuscript identifying Number (if you know it)

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Did you or your institution at any time
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Dr. DeRogatis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sean

2. Surname (Last Name)  
   Kelly

3. Date  
   10/29/2019

4. Are you the corresponding author?  
   Yes  ☑ No

   Corresponding Author’s Name
   Paul Issack MD, PhD

5. Manuscript Title
   Hemiarthroplasty for Femoral Neck Fractures in the Elderly:
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Are there any relevant conflicts of interest?  ☐ Yes  ☑ No

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Dr. Kelly has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Roshan

2. Surname (Last Name)  
   Jacob

3. Date  
   10/29/2019

4. Are you the corresponding author?  
   Yes  Yes  No  
   Corresponding Author’s Name  
   Paul Issack MD, PhD

5. Manuscript Title  
   Hemiarthroplasty for Femoral Neck Fractures in the Elderly:  
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Dr. Jacob has nothing to disclose.

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