

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. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chris	2. Surname (Last Name) Adair	3. Date 19-July-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Madhav Karunakar
5. Manuscript Title Can Evidence-Based Guidelines Decrease Unnecessary Echocardiograms for Pre-Operative Evaluation of Hip Fracture Patients?		
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. Adair 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)
Madhav

2. Surname (Last Name)
Karunakar

3. Date
19-July-2016

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

5. Manuscript Title
Can Evidence-Based Guidelines Decrease Unnecessary Echocardiograms for Pre-Operative Evaluation of Hip Fracture Patients?

6. Manuscript Identifying Number (if you know it)

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Dr. Karunakar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Patt

3. Date

19-July-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Madhav Karunakar

5. Manuscript Title

Can Evidence-Based Guidelines Decrease Unnecessary Echocardiograms for Pre-Operative Evaluation of Hip Fracture Patients?

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1. Given Name (First Name)
Rachel

2. Surname (Last Name)
Seymour

3. Date
19-July-2016

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☐ Yes ☒ No

Corresponding Author's Name
Madhav Karunakar

5. Manuscript Title
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Eric

2. Surname (Last Name)
Swart

3. Date
19-July-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Madhav Karunakar

5. Manuscript Title
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