

## 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.

#### 1. Identifying information.

#### 2. 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".

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Adams

3. Date  
05-January-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Thomas M. Schaller, MD

5. Manuscript Title  
Outcomes of Low-Energy Basicervical Fractures of the Proximal Femur Treated with Cephalomedullary Fixation

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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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

Are there 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?

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### Section 6. Disclosure Statement

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Dr. Adams has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kyle	2. Surname (Last Name) Jeray	3. Date 28-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Thomas Schaller, MD
5. Manuscript Title Outcomes of Low-Energy Basicervical Fractures of the Proximal Femur Treated with Cephalomedullary Fixation		
6. Manuscript Identifying Number (if you know it)  		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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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
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers Bureau and consultant
AO North America	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers Bureau
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers Bureau

### 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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- ☒ Yes, the following relationships/conditions/circumstances are present (explain below):
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Chair, "Own the Bone" Committee, American Orthopaedic Association  
Board Member, Southeastern Fracture Consortium  
Board Member, South Carolina Orthopaedic Association

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Dr. Jeray reports personal fees from Zimmer, personal fees from AO North America, personal fees from Eli Lilly, outside the submitted work; and Chair, "Own the Bone" Committee, American Orthopaedic Association  
Board Member, Southeastern Fracture Consortium  
Board Member, South Carolina Orthopaedic Association.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Thomas

2. Surname (Last Name)  
Schaller

3. Date  
29-September-2015

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

5. Manuscript Title  
Outcomes of Low-Energy Basicervical Fractures of the Proximal Femur Treated with Cephalomedullary Fixation

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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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
Smith Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers Bureau

### 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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Dr. Schaller reports personal fees from Smith Nephew, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Stephanie	2. Surname (Last Name) Tanner	3. Date 24-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Thomas Schaller, MD
5. Manuscript Title Outcomes of Low-Energy Basicervical Fractures of the Proximal Femur Treated with Cephalomedullary Fixation		
6. Manuscript Identifying Number (if you know it)  		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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### Section 4. Intellectual Property -- Patents & Copyrights

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Mrs. Tanner has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Scott

2. Surname (Last Name)  
Watson

3. Date  
24-September-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Thomas M. Schaller, MD

5. Manuscript Title  
Outcomes of Low-Energy Basicervical Fractures of the Proximal Femur Treated with Cephalomedullary Fixation

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Watson has nothing to disclose.

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