

## 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.

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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.

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.

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**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)

Allan

2. Surname (Last Name)

Liew

3. Date

20-September-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Steve Papp

5. Manuscript Title

Current Concepts Review - Acetabular Fractures in the Elderly: Evaluation and Management

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Liew 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)  
Paul

2. Surname (Last Name)  
Beaule

3. Date  
29-September-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Steve Papp

5. Manuscript Title

Current Concepts Review - Acetabular Fractures in the Elderly: Evaluation and Management

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Derek	2. Surname (Last Name) Butterwick	3. Date 20-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Steve Papp
5. Manuscript Title Current Concepts Review - Acetabular Fractures in the Elderly: Evaluation and Management		
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. Butterwick has nothing to disclose.

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1. Given Name (First Name) Wade	2. Surname (Last Name) Gofton	3. Date 20-September-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Steven Papp
5. Manuscript Title Current Concepts Review - Acetabular Fractures in the Elderly: Evaluation and Management		
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
Microport	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting, lecturing
Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrestricted education/research grant to institution
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consulting

### 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. Gofton reports personal fees from Microport, grants from Synthes, personal fees from Zimmer, outside the submitted work; .

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Steve

2. Surname (Last Name)  
Papp

3. Date  
20-September-2014

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5. Manuscript Title  
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