

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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3. Relevant financial activities outside the submitted work.

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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)
Dimitri

2. Surname (Last Name)
Ceroni

3. Date
25-June-2014

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

5. Manuscript Title
Patient positioning on the operative table for assessing more accurately the reduction in the axial plane during elastic stable intramedullary nailing of the femur ; A technical note.

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Davide

2. Surname (Last Name)
Salvo

3. Date
25-June-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Dimitri Ceroni

5. Manuscript Title

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1. Given Name (First Name) Raimonda	2. Surname (Last Name) Valaikaite	3. Date 25-June-2014
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Dr Ceroni Dimitri
5. Manuscript Title Patient positioning on the operative table for assessing more accurately the reduction in the axial plane during elastic stable intramedullary nailing of the femur ; A technical note.		
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