

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Zurakowski	3. Date 14-February-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name George S.M. Dyer
5. Manuscript Title Estimating the Global Incidence of Femur Fracture from Road Traffic Collisions		
6. Manuscript Identifying Number (if you know it) 		

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1. Given Name (First Name)
George

2. Surname (Last Name)
Dyer

3. Date
14-February-2014

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

5. Manuscript Title
Estimating the Global Incidence of Femur Fracture from Road Traffic Collisions

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Kiran

2. Surname (Last Name)
Agarwal-Harding

3. Date
13-August-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
George S.M. Dyer

5. Manuscript Title
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Dr. Agarwal-Harding has nothing to disclose.

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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)

Sarah

2. Surname (Last Name)

Greenberg

3. Date

14-February-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

George S.M. Dyer

5. Manuscript Title

Estimating the Global Incidence of Femur Fracture from Road Traffic Collisions

6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Greenberg has nothing to disclose.

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