

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Rachel	2. Surname (Last Name) Kelz	3. Date 20-October-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Samir Mehta, MD
5. Manuscript Title Resident Participation in Fixation of Intertrochanteric Hip Fractures: Analysis of the NSQIP Database		
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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Dr. Kelz 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)
Samir

2. Surname (Last Name)
Mehta

3. Date
20-October-2016

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

5. Manuscript Title
Resident Participation in Fixation of Intertrochanteric Hip Fractures: Analysis of the NSQIP Database

6. Manuscript Identifying Number (if you know it)

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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
Department of Defense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Synthes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation of Orthopaedic Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bioventus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Mehta reports grants from Department of Defense, grants and personal fees from Synthes, grants from Foundation of Orthopaedic Trauma, personal fees from Smith & Nephew, personal fees from Bioventus, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Neuwirth

3. Date
20-October-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Samir Mehta, MD

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Russell

2. Surname (Last Name)
Stitzlein

3. Date
20-October-2016

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☐ Yes ☒ No

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