ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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 INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Priscilla

2. Surname (Last Name)
Chan

3. Date
18-December-2017

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

Corresponding Author's Name
Kanu Okike

5. Manuscript Title
Association between Race and Ethnicity and Hip Fracture Outcomes in a Universally-insured Population

6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01178R1

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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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Chan has nothing to disclose.

Evaluation and Feedback

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Kanu
2. Surname (Last Name): Okike
3. Date: 13-September-2017
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title: Association between Race/Ethnicity and Hip Fracture Outcomes in a Universally-insured Population
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

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
Depuy Synthes Institute	☐	☐	☐	☑	American Journal of Orthopaedics Resident Writer's Award
Stryker	☐	☐	☑	☐	Stryker Cadaver Dissection Course (Florida)
Synthes	☐	☐	☑	☐	Synthes Cadaver Dissection Course
Synthes	☐	☐	☑	☐	AO Advanced course (Pittsburgh)
Zimmer	☐	☐	☑	☐	Zimmer Anterior total hip arthroplasty course (Los Angeles)
Depuy	☐	☐	☑	☐	Depuy Anterior total hip arthroplasty course

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Pacira Pharmaceuticals	☐	☐	☑	☐		

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Dr. Okike reports other from Depuy Synthes Institute, non-financial support from Stryker, non-financial support from Synthes, non-financial support from Synthes, non-financial support from Zimmer, non-financial support from Depuy, non-financial support from Pacira Pharmaceuticals, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Ronald

2. Surname (Last Name)
Navarro

3. Date
15-December-2017

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

Corresponding Author's Name
Kanu Okike

5. Manuscript Title
Association between Race and Ethnicity and Hip Fracture Outcomes in a Universally-insured Population

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1. Given Name (First Name)
elizabeth

2. Surname (Last Name)
paxton

3. Date
15-December-2017

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

Corresponding Author's Name
Kanu Okike

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)
Heather

2. Surname (Last Name)
Prentice

3. Date
14-December-2017

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

Corresponding Author's Name
Kanu Okike

5. Manuscript Title
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