

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)

jaimo

2. Surname (Last Name)

ahn

3. Date

12-June-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

joseph bernstein

5. Manuscript Title

Randomized-Controlled Trials Evaluating Geriatric Hip Fracture Patients in The United States are Rare and Underpowered

6. Manuscript Identifying Number (if you know it)

JBJS-D-19-00407R1

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. ahn has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

joseph

2. Surname (Last Name)

bernstein

3. Date

29-March-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Randomized-Controlled Trials Evaluating Geriatric Hip Fracture Patients in The United States are Rare and Underpowered

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. bernstein has nothing to disclose.

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1. Given Name (First Name)
sara

2. Surname (Last Name)
weintraub

3. Date
12-June-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
joseph bernstein

5. Manuscript Title
Randomized-Controlled Trials Evaluating Geriatric Hip Fracture Patients in The Unites States are Rare and Underpowered

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1. Given Name (First Name) Tyler	2. Surname (Last Name) Morris	3. Date 12-June-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name joseph bernstein
5. Manuscript Title Randomized-Controlled Trials Evaluating Geriatric Hip Fracture Patients in The Unites States are Rare and Underpowered		
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