

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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) Stein Erik	2. Surname (Last Name) Utvåg	3. Date 25-September-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Filip C Dolatowski
5. Manuscript Title Screw fixation versus hemiarthroplasty for non-displaced femoral neck fractures in elderly patients: a multicenter randomized controlled trial		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00316		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sophies Minde Ortopedi (SMO), Norway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMO is a daughter company of Oslo University Hospital. The organization did not influence any intellectual aspect of the submitted work. The grant was used to compensate a secretary, physiotherapists, and radiological assistants who were involved in this trial.

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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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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Dr. Utvåg reports grants from Sophies Minde Ortopedi, Norway, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)
Filip C

2. Surname (Last Name)
Dolatowski

3. Date
25-September-2018

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

5. Manuscript Title
Screw fixation versus hemiarthroplasty for non-displaced femoral neck fractures in elderly patients: a multicenter randomized controlled trial

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00316

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Section 1. Identifying Information

1. Given Name (First Name) Frede	2. Surname (Last Name) Frihagen	3. Date 28-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Filip C Dolatowski
5. Manuscript Title Screw fixation versus hemiarthroplasty for non-displaced femoral neck fractures in elderly patients: a multicenter randomized controlled trial		
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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Dr. Frihagen reports personal fees from Zimmer Biomet, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Stefan

2. Surname (Last Name)
Bartels

3. Date
28-April-2018

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Filip C Dolatowski

5. Manuscript Title
Screw fixation versus hemiarthroplasty for non-displaced femoral neck fractures in elderly patients: a multicenter randomized controlled trial

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Dr. Bartels has nothing to disclose.

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Vidar

2. Surname (Last Name)
Opland

3. Date
28-April-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Filip C. Dolatowski

5. Manuscript Title

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Dr. Opland has nothing to disclose.

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1. Given Name (First Name)
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2. Surname (Last Name)
Saltyte Benth

3. Date
28-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Filip C Dolatowski

5. Manuscript Title
Screw fixation versus hemiarthroplasty for non-displaced femoral neck fractures in elderly patients: a multicenter randomized controlled trial

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

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J. Saltyte Benth has nothing to disclose.

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Filip C Dolatowski

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Sigurd Erik

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Hoelsbrekken

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