

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

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Catellani 1



Section 1. Identifying Inf	ormation		
1. Given Name (First Name) Francesco	2. Surname (Last Name) Catellani	3. Date 05-April-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Riccardo D'Ambrosi	
5. Manuscript Title Management of Proximal Femoral I	Fragility Fractures in COVID-19	Patients throughout Sars-Cov19 outbreak in northern Italy	
6. Manuscript Identifying Number (if yo	ou know it)		
Section 2. The Work Under	er Consideration for Public	cation	
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 Vo			
Section 3. Relevant finance	cial activities outside the s	submitted work.	
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Section 4. Intellectual Pro	pperty Patents & Copyric	ghts	
Do you have any patents, whether	planned, pending or issued, br	roadly relevant to the work? Yes V No	

Catellani 2



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1

D'Ambrosi D'Ambrosi



Section 1. Identifying In	formation	
1. Given Name (First Name) Riccardo	2. Surname (Last Name) D'Ambrosi	3. Date 05-April-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Management of Proximal Femoral	Fragility Fractures in COVID-19 Patients	throughout Sars-Cov19 outbreak in northern Italy
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D'Ambrosi 2



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D'Ambrosi



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Fiorentino 1



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1. Given Name (Firs Gennaro	t Name)	2. Surname (Last Name) Fiorentino	3. Date 05-April-2020
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Riccardo D'Ambrosi
5. Manuscript Title Management of P	roximal Femoral Fragi	ility Fractures in COVID-19	Patients throughout Sars-Cov19 outbreak in northern Italy
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Roscitano 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Claudio	. , ,	Surname (Last Name) Roscitano	3. Date 05-April-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Riccardo D'Ambrosi
5. Manuscript Title Management of		ility Fractures in COVID-19	Patients throughout Sars-Cov19 outbreak in northern Italy
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Roscitano 2



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USAI 1



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Section 2.	The Work Under Co	onsideration for Public	cation
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Coscione 2



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Coscione 3