

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.

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Abdel 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Matthew	rst Name)	2. Surname (Last Nam Abdel	ne)	3. Date 01-April-2	021
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding	g Author's Name er	
Arthroplasty		·	ations in High-risk I	Hip Fracture Patients Un	ndergoing
Section 2.	TI. W. J. II. J. C		J.P. of an		
	The Work Under Co				
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Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	comments	
Stryker					
Section 3.	Relevant financial	activities outside t	he submitted wo	ork.	
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Section 4.	Intellectual Proper	ty Patents & Cop	yrights		
Do you have any	patents, whether plan	ned, pending or issue	d, broadly relevant	to the work? Yes	✓ No

Abdel 2



Section 5.					
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No other rela	tionships/conditions/circumstances that present a potential conflict of interest				
American Acade	my of Orthopedic Surgeons (AAOS) Board of Directors				
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.				
Section 6.	Disclosure Statement				
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
	s personal fees from Stryker, during the conduct of the study; and American Academy of Orthopedic) Board of Directors .				

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administrative support, etc.



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1. Given Name (Fi Christopher	rst Name)	2. Surname (Last Name) Duncan		3. Date 01-April-2021
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nan Steven Porter	ne
5. Manuscript Title Tranexamic Acid Arthroplasty		ith Increased Complication	ns in High-risk Hip Fracture I	Patients Undergoing
6. Manuscript Ide	ntifying Number (if you kr	now it)		
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Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, con ta monitoring board, study des	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial rela e one line for each entity; a	ationships (regardless of amount dd as many lines as you need by conths prior to publication.
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Pagnano 1



Section 1. Identifying Inform	untinu			
Identifying Inform	nation			
1. Given Name (First Name) Mark	Surname (Last Name)Pagnano		3. Date 01-April-2021	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author' Steven Porter	's Name	
5. Manuscript Title Tranexamic Acid Was Not Associated w Arthroplasty	vith Increased Complication	ns in High-risk Hip Fract	ture Patients Undergoing	
6. Manuscript Identifying Number (if you k	now it)			
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Section 2. The Work Under C	ionsideration for Public	cation		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da			
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Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes of compensation) with entities as describing the "Add +" box. You should red. Are there any relevant conflicts of inter	ribed in the instructions. Useport relationships that werest? Yes No	se one line for each enti	ity; add as many lines as you no	eed by
If yes, please fill out the appropriate inf	ormation below.			
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Depuy Syntes				
Stryker				
KCI				
Wolters Kluwer				_

Pagnano 2



Section 4. Intellectual Property Patents & Conveights
Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
✓ Yes, the following relationships/conditions/circumstances are present (explain below):
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Board member of the Knee Society.
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Dr. Pagnano reports personal fees from Depuy Syntes, personal fees from Stryker, personal fees from KCI, personal fees from Wolters Kluwer, outside the submitted work; and Board member of the Knee Society

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Porter 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fii Steven	rst Name)	2. Surname Porter	(Last Name)		3. Date 01-April-2021	
4. Are you the cor	responding author?	✓ Yes	No			
Arthroplasty			Complications in High-ri	sk Hip Fracture	Patients Undergoing	
Section 2.	The Work Under Co	onsideratio	on for Publication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limite	ed to grants, data monitoring		mmercial, private foundation, etc.) sign, manuscript preparation,	for
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of compensation clicking the "Add	ı) with entities as descri	bed in the in port relations	structions. Use one line for this that were present d	or each entity; a	ationships (regardless of amour dd as many lines as you need b nonths prior to publication.	
Section 4.	Intellectual Proper	ty Paten	ts & Copyrights			
Do you have any	patents, whether plan	ned, pending	g or issued, broadly releva	ant to the work?	Yes 🗸 No	

Porter 2



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Spaulding 1



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Spaulding 2



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1. Given Name (Fii Benjamin	rst Name)	2. Surname (Last Name) Wilke	3. Date 01-April-2021
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Steven Porter
5. Manuscript Title Tranexamic Acid Arthroplasty		ith Increased Complicatior	ns in High-risk Hip Fracture Patients Undergoing
6. Manuscript Ider	ntifying Number (if you kr	now it)	
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