

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
ANA

2. Surname (Last Name)
DE PAULA

3. Date
01-January-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
ANDERSON FREITAS

5. Manuscript Title
Treatment of an Acute Fracture of the Femoral Neck in a Young Female Adult with a Transfemoral Amputation

6. Manuscript Identifying Number (if you know it)
CC.N.00119

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1. Given Name (First Name)

ANDERSON

2. Surname (Last Name)

FREITAS

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01-January-2015

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BRUNO

2. Surname (Last Name)
DANTAS

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SOUTO

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DA SILVA

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