

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

Identifying information.

1.

The work under consideration for publication.

2.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent



ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Allison

2. Surname (Last Name)

Piatek

3. Date

10/29/2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Paul Issack MD, PhD

5. Manuscript Title

Hemiarthroplasty for Femoral Neck Fractures in the Elderly:
Cemented or Uncemented Femoral Stems?

6. Manuscript Identifying Number (if you know it)

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time**

Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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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Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Allison Piatek has nothing to disclose.

Evaluation and Feedback

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Section 1.

Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Issack

3. Date
10/29/2019

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

5. Manuscript Title
Hemiarthroplasty for Femoral Neck Fractures in the Elderly:
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Dr. Issack has nothing to disclose.

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Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

DeRogatis

3. Date

10/29/2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Paul Issack MD, PhD

5. Manuscript Title

Hemiarthroplasty for Femoral Neck Fractures in the Elderly:
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1. Given Name (First Name)
Sean

2. Surname (Last Name)
Kelly

3. Date
10/29/2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Paul Issack MD, PhD

5. Manuscript Title
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Section 1.

Identifying Information

1. Given Name (First Name)

Roshan

2. Surname (Last Name)

Jacob

3. Date

10/29/2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Paul Issack MD, PhD

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