		ICM	JE DISCLOSURE FORM
Yo M in	ate: 2/3//2005  our Name: 2/00//2009  anuscript Title: Reduction  Elderly Intertrochanteric  anuscript number (if known	n Quality in Lateral Vie c Fracture Patients	w of X-Ray Is Associated with Postoperative Mortality
th re th pa co	nat are elated to the content of your ird arties whose interests ma	our manuscript. "Relate by be affected by the co	lose all relationships/activities/interests listed below d" means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a a bias. If you are in doubt about whether to list a ou do so.
m	urrent nanuscript only.		tionships/activities/interests as they relate to the
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	T	me frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	<u>√</u> None	

Time frame: past 36 months

V\_None

No time limit for this

Grants or contracts from any entity (if not indicated

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	in item #1 above).	1 800	
3	Royalties or licenses	None	
		The same of the sa	
4	Consulting fees	None	
_	D	√ None	
5	Payment or honoraria for lectures, presentations,	<u>V</u> None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_V_None	
	testimony	,	
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7	Support for attending	None	
	meetings and/or travel		
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8	Patents planned, issued		
	or pending		
_	B	\/ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	\/ None	
	role in other board,	110110	
	society, committee or		
	advocacy group, paid or	v * *	
	unpaid		The state of the second
11	Stock or stock options	<u> </u>	
10	Descipt of equipment	√ None	
12	Receipt of equipment, materials, drugs, medical	<u></u>	
	writing, gifts or other	1.1	
	services	,	
13	Other financial or non-	<u>V</u> _None	
	financial interests		

I have no conflicts of interest	st to declare.	

Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.

### ICMJE DISCLOSURE FORM

Date: 5   Your Name: _	100	Wang	
Manuscript Ti	tle: Red	uctionQ	uality in Lateral View of X-Ray Is Associated with Postoperative Mortalit
			acture Patients
Manuscript no	umber (i	f known)	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <a href="mailto:current">current</a> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

the time frame for disclosure is the past 36 months.

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated		

	in item #1 above).	. / 3"	
	Royalties or licenses	None	
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	Consulting fees	V None	
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	D	√ None	
5	Payment or honoraria for	V_Notie	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V None	
6	Payment for expert	V_NOTIE	
	testimony		
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7	Support for attending	_VNone	
	meetings and/or travel		
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8	Patents planned, issued	√ None	
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9	Participation on a Data	\/ None	
9	Safety Monitoring Board		
	or Advisory Board	The state of the s	
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10	role in other board,	None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11		√ None	
11	Stock of Stock options	INOTIC	
10	Descipt of equipment	√ None	
12	Receipt of equipment,		
	materials, drugs, medical	3.64	
	writing, gifts or other		
	services	V None	
13		_V_None	
	financial interests		
		1	

I have no conflicts of interest to	declare.		

Please place an "X" next to the following statement to indicate your agreement:  $\chi$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

		ICMJI	E DISCLOSURE FORM	
Date	: 3/31/2023			
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Man	uscript Title: Reduction	Quality in Lateral View	of X-Ray Is Associated with Postoperative Mortal	ity
in E	lderly Intertrochanteric	Fracture Patients		
Mar	uscript number (if know	rn):		
In th	ne interest of transparen	cy, we ask you to discl	ose all relationships/activities/interests listed belo	w
thir	d ties whose interests ma			
cor to t	nmitment ransparency and does n	ot necessarily indicate	a bias. If you are in doubt about whether to list a	
rela	ationship/activity/interes	st, it is preferable that yo	ou do so.	
		ply to the author's relat	ionships/activities/interests as they relate to the	
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	nuscript only.			
The	author's relationships/	activities/interests shou	ald be defined broadly. For example, if your manus	scrip
		ertension, you should d	eclare all relationships with manufacturers of	
an	tihypertensive medication	Quality in Lateral View of X-Ray Is Associated with Postoperative Mortality Fracture Patients n):  cy, we ask you to disclose all relationships/activities/interests listed below ar manuscript. "Related" means any relation with for-profit or not-for-profit be affected by the content of the manuscript. Disclosure represents a ot necessarily indicate a bias. If you are in doubt about whether to list a t, it is preferable that you do so. ply to the author's relationships/activities/interests as they relate to the activities/interests should be defined broadly. For example, if your manuscript ertension, you should declare all relationships with manufacturers of in, even if that medication is not mentioned in the manuscript. support for the work reported in this manuscript without time limit. For all are is the past 36 months.  Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution) institution) institution) institution)		
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		whom you have this relationship or indicate	(e.g., if payments were made to you or to your	
		needed)		
		ime frame: Since the initia	l planning of the work	
1	All support for the	None		
	present manuscript (e.g.,			
	funding, provision of study materials, medical			
	Study materials, medical			

Time frame: past 36 months

V\_None

writing, article processing charges, etc.) No time limit for this

Grants or contracts from any entity (if not indicated

item.

	to the same of the		
	in item #1 above).	V Name	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	V_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	1	
6	Payment for expert		
	testimony		
		p de la companya del companya de la companya del companya de la co	
7	Support for attending		
	meetings and/or travel		
8	Patents planned, issued	V None	
	or pending		
	or perioring		
9	Participation on a Data	\/ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	\/ None*	
10	role in other board,	11 4	
1	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	√_None	
12	Receipt of equipment,	None	
-	materials, drugs, medical		
	writing, gifts or other		
	services		
13		V_None	
	financial interests	19. p	
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	ICMJE	E DISCLOSURE FORM
Date: 3/31/2013		
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Manuscript Title: Reduction O	uality in Lateral View	of X-Ray Is Associated with Postoperative Mortanty
in Elderly Intertrochanteric F	racture Patients	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript of the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.  Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial planning of the work  All support for the present manuscript (e.g., funding, provision of funding f		
In the interest of transparence	y, we ask you to disclo	ose all relationships/activities/interests listed below
Your Name:		
Pour Name:		
to transparency and does no	t necessarily indicate a	a bias. If you are in doubt about whether to list a ou do so.
Your Name:		
	on Quality in Lateral View of X-Ray Is Associated with Postoperative Mortality in Eracture Patients  by pour manuscript. "Related" means any relation with for-profit or not-for-profit may be affected by the content of the manuscript. Disclosure represents a so not necessarily indicate a bias. If you are in doubt about whether to list a feet, it is preferable that you do so.  apply to the author's relationships/activities/interests as they relate to the defined broadly. For example, if your manuscript yeartension, you should declare all relationships with manufacturers of tion, even if that medication is not mentioned in the manuscript.  all support for the work reported in this manuscript without time limit. For all obsure is the past 36 months.  Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial planning of the work  Vone	
pertains	tension you should de	eclare all relationships with manufacturers of
In item #1 below, report all s	support for the work re	eported in this manuscript without time limit. For all
the time name for disclosur.		
	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
Tin	ne frame: Since the initia	l planning of the work
present manuscript (e.g., funding, provision of	None	

Time frame: past 36 months

V\_None

writing, article processing

Grants or contracts from any entity (if not indicated

charges, etc.) No time limit for this

item.

	in item #1 above).	1 840	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony		
7	Support for attending meetings and/or travel	None	2
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10		None**	
11		None	
12	materials, drugs, medical writing, gifts or other services	√ None	
13	Other financial or non- financial interests	<u>V</u> None	

I have no conflicts of interest to de	eclare.

Please place an "X" next to the following statement to indicate your agreement:  $\chi$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

### ICMJE DISCLOSURE FORM

Vour Name: Torigue Ning
Manuscript Title: Reduction Quality in Lateral View of X-Ray Is Associated with Postoperative Mortality
in Elderly Intertrochanteric Fracture Patients
Manuscript number (if known):

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated	None	

	in item #1 above).	. / 64.	
	Royalties or licenses	V None	
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4	Consulting fees	None	
1	Consuming roos		
5	Payment or honoraria for	√ None	
_	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	_V_None	
	meetings and/or travel		
8	Patents planned, issued	√ None	
8	or pending		
	or pending		
9	Participation on a Data	\/ None	Wales Sandara
9	Safety Monitoring Board		
	or Advisory Board		
10		√ Nonè <sup>®</sup>	
10	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	<del></del>	V None	-30-1
•	Otober of otober opinions		
12	Receipt of equipment,	√None	
	materials, drugs, medical	8.47	
	writing, gifts or other		
	services		
13		<u>√</u> None	
	financial interests	- Albert Comments	

I have no conflicts of int	erest to declare.		
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	TI TOTAL PROPERTY OF	me frame: Since the initia	I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
	是是多点的 医血栓性炎	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	

	in item #1 above).	1 344	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10		V_None.**	
11		√ None	<u> </u>
12	materials, drugs, medical writing, gifts or other services		
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