

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. 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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4. Intellectual Property.

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

5. Relationships not covered above.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dong-Quan	2. Surname (Last Name) Shi	3. Date 02-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jin Xiong
5. Manuscript Title Outcome after treatment of Vancouver B2 peri-prosthetic femoral fractures: revision arthroplasty and compression cerclage system fixation		
6. Manuscript Identifying Number (if you know it) AOJ-2016-003		

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Dr. Shi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Zhi-Hong	2. Surname (Last Name) Xu	3. Date 02-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jin Xiong
5. Manuscript Title Outcome after treatment of Vancouver B2 peri-prosthetic femoral fractures: revision arthroplasty and compression cerclage system fixation		
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1. Given Name (First Name) Xing-Quan	2. Surname (Last Name) Xu	3. Date 02-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jin Xiong
5. Manuscript Title Outcome after treatment of Vancouver B2 peri-prosthetic femoral fractures: revision arthroplasty and compression cerclage system fixation		
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Section 1. Identifying Information

1. Given Name (First Name) Dong-Yang	2. Surname (Last Name) Chen	3. Date 02-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jin Xiong
5. Manuscript Title Outcome after treatment of Vancouver B2 peri-prosthetic femoral fractures: revision arthroplasty and compression cerclage system fixation		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jin Xiong
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1. Given Name (First Name)
Wen-Jie

2. Surname (Last Name)
Weng

3. Date
02-March-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jin Xiong

5. Manuscript Title
Outcome after treatment of Vancouver B2 peri-prosthetic femoral fractures: revision arthroplasty and compression cerclage system fixation

6. Manuscript Identifying Number (if you know it)
AOJ-2016-003

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Xiong

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2. Surname (Last Name)
Jiang

3. Date
02-March-2016

4. Are you the corresponding author? Yes No

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