

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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Ma 1



Section 1. Iden	tifying Information		
Given Name (First Nam Hon-Ming	ee) 2. Surname (Last Ma	Name)	3. Date 21-June-2019
4. Are you the correspond	ding author? Yes N	0	
5. Manuscript Title Older Chinese patients	with fragility hip fracture in Hong	Kong: calling for focused or	rtho-geriatric co-care
6. Manuscript Identifying	Number (if you know it)		
Section 2. The V	Work Under Consideration fo	r Publication	
Did you or your institution	n at any time receive payment or serv ed work (including but not limited to o	ces from a third party (govern	ment, commercial, private foundation, etc.) for , study design, manuscript preparation,
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Ma 2



Section 5.	
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Ding 1



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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Ding 2



Section 5. Relationships not severed above
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Cheung 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hon-Ming Ma
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Chow 1



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