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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name) Heather
2. Surname (Last Name) O’Connor
3. Effective Date (07-August-2008) 09-October-2020

4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Xavier Griffin

5. Manuscript Title
   Effect of the X-Bolt dynamic plating system versus the sliding hip screw for the fixation of trochanteric fractures of the hip in adults on health-related quality of life: the WHITE Four randomized clinical trial.

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<th>Name of Entity</th>
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<tbody>
<tr>
<td>1. Grant</td>
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   - [x] No  

Corresponding Author’s Name  
Xavier Griffin

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   Achten

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<td>1. Grant</td>
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<tr>
<td>2. Consulting fee or honorarium</td>
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<td>3. Support for travel to meetings for the study or other purposes</td>
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<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
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<td>5. Payment for writing or reviewing the manuscript</td>
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<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
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<td>7. Other</td>
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<td>4. Expert testimony</td>
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<td>5. Grants/grants pending</td>
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<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
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<td>8. Patents (planned, pending or issued)</td>
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<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
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### Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ✓ No other relationships/conditions/circumstances that present a potential conflict of interest
- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.
## Section 1. Identifying Information

1. Given Name (First Name)  
Matthew

2. Surname (Last Name)  
Costa

3. Effective Date (07-August-2008)  
01-October-2020

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

Corresponding Author’s Name  
Xavier Griffin

5. Manuscript Title  
Effect of the X-Bolt dynamic plating system versus the sliding hip screw for the fixation of trochanteric fractures of the hip in adults on health-related quality of life: the WHITE Four randomized clinical trial.

6. Manuscript Identifying Number (if you know it)  
BJJ-2020-1404.R1

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

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### The Work Under Consideration for Publication

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<thead>
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<th>Type</th>
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</table>

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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to submission.

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<td>University of Oxford received Research Grant funding from NIHR, EU, RCS England and Industry</td>
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<td>6. Payment for lectures including service on speakers bureaus</td>
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<td>8. Patents (planned, pending or issued)</td>
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<td>10. Payment for development of educational presentations</td>
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<tr>
<td>11. Stock/stock options</td>
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<td>☐</td>
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<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
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<td>☐</td>
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<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
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MC is a National Institute for Health Research (NIHR) Senior Investigator. The views expressed in this article are those of the author(s) and not necessarily those of the NIHR, or the Department of Health and Social Care.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)
   Xavier

2. Surname (Last Name)
   Griffin

3. Effective Date (07-August-2008)
   06-October-2020

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

5. Manuscript Title
   Effect of the X-Bolt dynamic plating system versus the sliding hip screw for the fixation of trochanteric fractures of the hip in adults on health-related quality of life: the WHITE Four randomized clinical trial.

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<td>☐</td>
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<tr>
<td>2. Consulting fee or honorarium</td>
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<td>3. Support for travel to meetings for the study or other purposes</td>
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<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
<td>☑️</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
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<td>☐</td>
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<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
<td>☑️</td>
<td>☐</td>
<td>☐</td>
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<td>2. Consultancy</td>
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<td>4. Expert testimony</td>
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Griffin
ICMJE Form for Disclosure of Potential Conflicts of Interest

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