ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jing
2. Surname (Last Name)  Chen
3. Date  05-April-2020
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
Correlation between common postoperative complications of prolonged bed rest and quality of life in hospitalized elderly hip fracture patients
6. Manuscript Identifying Number (if you know it)

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Dr. Chen has nothing to disclose.

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1. Given Name (First Name) Xuesong
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<th>3. Date</th>
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<tr>
<td>Hong</td>
<td>Qian</td>
<td>05-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ✔ Yes  No

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1. Given Name (First Name)  
   Junxing

2. Surname (Last Name)  
   Ye

3. Date  
   05-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Correlation between common postoperative complications of prolonged bed rest and quality of life in hospitalized elderly hip fracture patients

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2. Surname (Last Name)  Qian
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<th>Jiao</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Hua</td>
</tr>
<tr>
<td>3. Date</td>
<td>05-April-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>✔ Yes</td>
</tr>
</tbody>
</table>

5. Manuscript Title
Correlation between common postoperative complications of prolonged bed rest and quality of life in hospitalized elderly hip fracture patients

6. Manuscript Identifying Number (if you know it)

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

Are there any relevant conflicts of interest? ✔ No

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Dr. Hua has nothing to disclose.

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