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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Given Name (First Name): Bum-Jin
2. Surname (Last Name): Shim
3. Date: 01-November-2022

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

Corresponding Author's Name: Seung-Hoon Baek

5. Manuscript Title
Surgical Strategy of the Treatment of Atypical Femoral Fractures

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name): Heejae
2. Surname (Last Name): Won
3. Date: 01-November-2022

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

Corresponding Author's Name: Seung-Hoon Baek

5. Manuscript Title: Surgical Strategy of the Treatment of Atypical Femoral Fractures

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2. Surname (Last Name): Kim
3. Date: 01-November-2022

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3. Date: 01-November-2022

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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Korean Fund for Regenerative Medicine(KFRM) grant funded by the Korea government(the Ministry of Science and ICT, the Ministry of Health & Welfare). (code: 22D0801L1, 22C0604L1).	[✓]	[ ]	[ ]	[ ]		×

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