

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)

Timothy

2. Surname (Last Name)

Brown

3. Date

10-May-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Huo

5. Manuscript Title

What's New in Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Brown has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Russell	3. Date 10-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Huo
5. Manuscript Title What's New in Total Hip Arthroplasty		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Russell has nothing to disclose.

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1. Given Name (First Name) Michael	2. Surname (Last Name) Mont	3. Date 10-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Huo
5. Manuscript Title What's New in Total Hip Arthroplasty		
6. Manuscript Identifying Number (if you know it)		

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Michael

2. Surname (Last Name)

Huo

3. Date

10-May-2014

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Banerjee

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