

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Serkan

2. Surname (Last Name)

Bayram

3. Date

10-September-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Critical Limit of Lower Extremity Lengthening in Total Hip Arthroplasty:
An Intraoperative Neuromonitorization Study

6. Manuscript Identifying Number (if you know it)

JBJS-D-19-00988

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Dr. Bayram has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Alper Şükrü

2. Surname (Last Name)
Kendirci

3. Date
09-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Serkan Bayram

5. Manuscript Title
Critical Limit of Lower Extremity Lengthening in Total Hip Arthroplasty:
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1. Given Name (First Name)
Mehmet

2. Surname (Last Name)
Demirel

3. Date
09-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Serkan Bayram

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Turgut	2. Surname (Last Name) Akgül	3. Date 09-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Serkan Bayram
5. Manuscript Title Critical Limit of Lower Extremity Lengthening in Total Hip Arthroplasty: An Intraoperative Neuromonitorization Study		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Serkan Bayram
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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Emre	2. Surname (Last Name) Özmen	3. Date 10-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Serkan Bayram
5. Manuscript Title Critical Limit of Lower Extremity Lengthening in Total Hip Arthroplasty: An Intraoperative Neuromonitorization Study		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00988		

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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.)?

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Dr. Özmen has nothing to disclose.

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