ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>Meredith</td>
<td>Schade</td>
<td>24-June-2019</td>
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4. Are you the corresponding author?  

<table>
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<th>Yes</th>
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5. Manuscript Title  
Clostridium difficile Infection of a Total Hip Arthroplasty: Case Report and Review of the Literature

6. Manuscript Identifying Number (if you know it)  
CC-D-19-00226

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**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  

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The authors have no conflicts of interest to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Muhammad

2. Surname (Last Name)  
Abdulbasit

3. Date  
02-July-2019

4. Are you the corresponding author?  
[ ] Yes  [x] No

Corresponding Author’s Name  
Meridith Schade, MD

5. Manuscript Title  
Clostridioid difficile Infection of a Total Hip Arthroplasty: Case Report and Review of the Literature

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Are there any relevant conflicts of interest?  
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Muhammad Abdulbasit has nothing to disclose.

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Claxton
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Benjamin
2. Surname (Last Name)  Claxton
3. Date  02-July-2019
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Clostridium difficile Infection of a Total Hip Arthroplasty: Case Report and Review of the Literature

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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Benjamin Claxton has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Justin
2. Surname (Last Name) Loloi
3. Date 02-July-2019
4. Are you the corresponding author? ☒ Yes
5. Manuscript Title Clostridium difficile Infection of a Total Hip Arthroplasty: Case Report and Review of the Literature
6. Manuscript Identifying Number (if you know it)

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Justin Loloi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Oliver

2. Surname (Last Name)  
   Mrowczynski

3. Date  
   02-July-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Meridith Schade, MD

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Oliver Mrowczynski has nothing to disclose.

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