

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Kensuke

2. Surname (Last Name)
Fukushima

3. Date
20-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Katsufumi Uchiyama

5. Manuscript Title
Clinical Results and Prognostic Factors for Outcomes of Valgus Femoral Osteotomy Combined with Chiari Pelvic Osteotomy for Osteoarthritis of the Hip

6. Manuscript Identifying Number (if you know it)

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Mitsutoshi

2. Surname (Last Name)
Moriya

3. Date
20-July-2016

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Yes No

Corresponding Author's Name
Katsufumi Uchiyama

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1. Given Name (First Name)
Naonobu

2. Surname (Last Name)
Takahira

3. Date
20-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Katsufumi Uchiyama

5. Manuscript Title
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1. Given Name (First Name) Masashi	2. Surname (Last Name) Takaso	3. Date 20-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katsufumi Uchiyama
5. Manuscript Title Clinical Results and Prognostic Factors for Outcomes of Valgus Femoral Osteotomy Combined with Chiari Pelvic Osteotomy for Osteoarthritis of the Hip		
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1. Given Name (First Name)

Katsufumi

2. Surname (Last Name)

Uchiyama

3. Date

19-July-2016

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Yes No

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Takeaki

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Yamamoto

3. Date
20-July-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Katsufumi Uchiyama

5. Manuscript Title
Clinical Results and Prognostic Factors for Outcomes of Valgus Femoral Osteotomy Combined with Chiari Pelvic Osteotomy for Osteoarthritis of the Hip

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.)?

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