ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tbody>
<tr>
<td>Dan</td>
<td>Li</td>
<td>14-November-2019</td>
</tr>
</tbody>
</table>

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

**Corresponding Author’s Name**
Sravya Vajapey

5. Manuscript Title
Outcome reporting patterns in total hip arthroplasty: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

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Dr. Li has nothing to disclose.

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Greco
### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Nicholas

2. **Surname (Last Name)**  
   Greco

3. **Date**  
   14-November-2019

4. **Are you the corresponding author?**  
   Yes

5. **Manuscript Title**  
   Outcome reporting patterns in total hip arthroplasty: a systematic review and meta-analysis

6. **Manuscript Identifying Number (if you know it)**

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Section 1. Identifying Information

1. Given Name (First Name)  Mengnai
2. Surname (Last Name)    Li
3. Date                   14-November-2019
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Outcome reporting patterns in total hip arthroplasty: a systematic review and meta-analysis

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<td>Jesse</td>
<td>Morris</td>
<td>14-November-2019</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  

Corresponding Author’s Name  
Sravya Vajapey

5. Manuscript Title  
Outcome reporting patterns in total hip arthroplasty: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  Andrew
2. Surname (Last Name)  Spitzer
3. Date  14-November-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Sravya Vajapey
5. Manuscript Title  Outcome reporting patterns in total hip arthroplasty: a systematic review and meta-analysis
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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
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Section 1. Identifying Information

1. Given Name (First Name)
   Sravya

2. Surname (Last Name)
   Vajapey

3. Date
   14-November-2019

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

5. Manuscript Title
   Outcome reporting patterns in total hip arthroplasty: a systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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.)?

Are there any relevant conflicts of interest?
   ✔ No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Vajapey has nothing to disclose.

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