

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Afshin

2. Surname (Last Name)
Anoushiravani

3. Date
08-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Joseph R. Young

5. Manuscript Title
The Use of Dual Mobility Implants in High Risk Primary Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Anoushiravani has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Casey	2. Surname (Last Name) O'Connor	3. Date 08-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph R. Young
5. Manuscript Title The Use of Dual Mobility Implants in High Risk Primary Total Hip Arthroplasty		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. O'Connor has nothing to disclose.

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1. Given Name (First Name)
Joseph

2. Surname (Last Name)
Young

3. Date
08-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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