ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Adhiambo

2. Surname (Last Name)  
   Witlox

3. Date  
   26-January-2017

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

   Corresponding Author’s Name  
   Drs. J. Stevens

5. Manuscript Title  
   Total joint replacement and arthrodesis for hallux rigidus; which intervention results in the best clinical outcome?  
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4. Are you the corresponding author? [ ] Yes  ✔ No

Corresponding Author’s Name
Drs. J. Stevens

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1. Given Name (First Name) Jasper
2. Surname (Last Name) Stevens
3. Date 26-January-2017
4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
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2. Surname (Last Name)  de Bot
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