ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
Antonia

2. Surname (Last Name)  
Chen

3. Date  
09-November-2015

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

Corresponding Author’s Name  
Javad Parvizi, MD/FRCS

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
✔ Yes  ☐ No

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<thead>
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1. Given Name (First Name)  
   Miguel

2. Surname (Last Name)  
   Gomez

3. Date  
   09-November-2015

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Javad Parviz, MD, FRCS

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1. Given Name (First Name)  
   Jorge

2. Surname (Last Name)  
   Manrique

3. Date  
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   ☐ Yes  ✔ No  
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1. Given Name (First Name)  
   Javad

2. Surname (Last Name)  
   Parvizi

3. Date  
   09-November-2015

4. Are you the corresponding author?  
   ✔ Yes   No

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Section 5. Relationships not covered above

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