

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)
Simon

2. Surname (Last Name)
Amsdell

3. Date
05-May-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Joshua G. Hunter, MD

5. Manuscript Title
Risk Factors for a Failure of a One-Stage Surgical Debridement of Acute Septic Arthritis

6. Manuscript Identifying Number (if you know it)

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Dr. Amsdell has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Dahl

3. Date

05-May-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Joshua G. Hunter, MD

5. Manuscript Title

Risk Factors for a Failure of a One-Stage Surgical Debridement of Acute Septic Arthritis

6. Manuscript Identifying Number (if you know it)

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Dr. Dahl has nothing to disclose.

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1. Given Name (First Name) John	2. Surname (Last Name) Gorczyca	3. Date 05-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joshua G. Hunter, MD
5. Manuscript Title Risk Factors for a Failure of a One-Stage Surgical Debridement of Acute Septic Arthritis		
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Joshua

2. Surname (Last Name)

Hunter

3. Date

05-May-2014

4. Are you the corresponding author?

Yes No

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